

Longer Review)

VOL I

OCTOBER 1926

PART 1

ARCHIVES OF PSYCHOANALYSIS

DIRECTED BY
L. PIERCE CLARK

WITH THE ASSISTANCE OF
T. E. UNIKER EUNICE B. ARMSTRONG
AGNES G. BRILL JEAN FROIS-WITTMAN ETHEL L. ROURKE



INSTITUTE
OF
PSYCHO-ANALYSIS
REFERENCE LIBRARY.

PUBLISHED BY
THE PSYCHOANALYTIC INSTITUTE
STAMFORD, CONN.

G. E. STECHERT & CO., NEW YORK
Distributors

THE ARCHIVES OF PSYCHOANALYSIS is issued quarterly. Its purpose is to make an intensive and detailed study of analyzed cases, primarily of the narcissistic neuroses and psychoses, such as epilepsy, melancholia, and schizophrenic reactions. Most of the journals devoted to this field of psychoanalysis have found it impossible to present the complete clinical data of an analysis due to its complex nature and its necessary lengthy detailment. In consequence there exists no publication to which one may turn for clinical guidance in research and therapeutic work. Most of the subject matter contained in the present issue was analyzed by myself or by my assistants under my direction and supervision.

Annual subscription is \$20.00 per volume of four parts. Separate copies, \$5.00. Obtainable through G. E. Stechert & Company, 31 East 10th Street, New York.

General and business correspondence may be sent to the Corresponding Secretary, Miss I. M. Bator, 2 East 65th Street, New York.

INSTITUTE OF PSYCHO-ANALYSIS

PRESENTED BY

DR. ERNEST JONES.

1941.

INTERNATIONAL
PSYCHOANALYTIC
UNIVERSITY BERLIN

INSTITUTE
OF
PSYCHO-ANALYSIS
REFERENCE LIBRARY.

R1625

015745





Within the narrow confines of the womb
Lies the illimitable space of the world.

(From the Hindu)

ARCHIVES OF PSYCHOANALYSIS

VOLUME I

OCTOBER 1926

PART 1

THE OBJECTIVE AND SUBJECTIVE DEVELOPMENT OF THE EGO¹

BY

L. Pierce Clark

I. The Development of Narcism and its Perversions

"They (the narcissists) do say many things though not in answer to our questions."—Freud, *Introduction to Psychoanalysis*, p. 365, 1920.

Introduction. I shall give, first, the ordinary objective or historiographic development of the mother-and-child relationship in the formation of primary and secondary narcissism, followed by remarks concerning our knowledge of the development of narcissism. Next will be an exposition of the application of the technique for analyzing narcissistic conditions. Up to the present no thoroughgoing procedure for penetrating the psychic impasse of narcissism has received general approval or investigation. It is the main purpose of my thesis to show that this state is capable of being treated by the phantasy method. Some clinical illustrations will be given of individual analyses in various types of individuals in whom some phase of narcissism obtains. I make no contention that the phantasied material reproduced here is a facsimile of actual memories of infantile experience. To do so would naturally stultify our conception of the inexperience and inaccurate formation of mental images in infancy. But I do maintain that these phantasies throw a flood of light upon the *affective attitudes* during these infantile reactions to adapting to the mother-and-child relationship and the integration of character and personality consequent thereto. The phantasies are *psychologically true* if not actual memory productions, and therefore for our purpose are worthy of continued investigation and use in the analysis of narcissistic neuroses.

¹Read in abstract before International Congress of Psychoanalysis, Bad Homburg, September 3, 1925.

Development of Primary and Secondary Narcism. Sufficient data are now at hand to show that at birth the infant makes all the effort of which it is capable to continue its attachment to the mother, either to return to the life before birth, or the arm and breast relationship. According to Kant, the cry at birth is one of anger and protest. The nascent state of desire for physical and emotional rapport in a unity of existence, which objectively has been termed "tropism," is the seeming rule for this turning toward the mother. A surprisingly large number of infants suck some part of themselves, their hands or fingers, before being placed to the mother's breast. Many merely cling to the nipple only as a sort of physical attachment, and do not actually nurse until provoked or coached. It would be interesting to know how many of these attaching but non-nursing infants in later life reject milk as an unpleasant food. In many such it would be increasingly obvious that the stream of milk derived from the nursing but carried the instinctive craving of fluid libido from the mother to the child. Just how and why the displacement of the umbilical receptor of the nutriment and its accompanying pleasure should be transferred to the oral zone, is not yet clear. No doubt there is the primacy of attachment bringing physical and perhaps emotional security to the oral zone from the umbilical region as well as the intake of milk. Thus the nursing period is but a makeshift for the once perfect comfort before birth. But there always remains a part of the libido of the infant containing the very core of the personality, the ego libido weak and undifferentiated as it may seem, urging a self sufficiency and even a repulsion from the nursing itself. This may be called the undifferentiated portion of the Ego. The continuing conflict between these two libidinal forces with the gradual ascendancy and mastery of the ego libido is the first stage setting of all life. The desire for the nursing act is intertwined with the primary manifestations of autoerotism, and is the very rudiment of the narcism of later life. As Stärcke states it, the ego libido and the autoerotic libido during nursing are active and are gratified in one and the same act, although theoretically they can be differentiated the same way as the energy of two horses that are drawing the same load. The ego impulses thus coincide with a libidinal element which in later life gives rise to something psychic, and in the absence of a critical knowledge, a memory of having possessed a nipple-like organ of perfection. Soon the nursings grow more infrequent or bottle feedings call for a new adaptation, and a new anxiety is brought about. Debarred from the singleness of purpose and pleasure in the libido attachment and identification with the mother's breast, there gradually dawns upon

the infant that there are two mothers, i. e., the breast which probably at first is solely sensed as but a part of itself, and a gradually evolved mother as a *person*. It is she who gives this part of itself to the child. The mother as a person grows *parri passu* with its own ego; later, after a long period of mutuality of interests, they part company. During their period of mutual harmony there is the most intricate intermingling of ego libido patterns with the final usurpation of the infant's libido in a separate entity of its growing personality.

To return to the ego libido: the primary narcissism is split up into the outer world from the primary concept of the mother's person physically and emotionally. At the weaning the mother's body is painfully lost. This part of itself which the nursling loses becomes the outer world of reality, the organic substrate, the symbol of the once unified organic whole which the infant possessed as a continuum in the uterus. This outer world then becomes something hostile, because it is invested with the pain through which it was lost. The inner world is composed of the ego remnant, the unidentified portion, the ego nucleus, and the part still desirous of identification through a nursing attachment. The ego nucleus, which is the weaker portion, withdraws to itself the beginnings of narcissism; and the ego and its libinal complement (narcissism) seek a self sufficiency of newly found power within themselves. It is fed from without and within, the former from the attributes of behaviors and emotional attitudes derived from the withdrawals from the maternal identification (the social inheritance) and from within by self manufactured hallucinated or magic patterns. The undue dominance of this latter plan of ego development is our main concern in the neuroses and psychoses. The growth of this nether or inner aspect of the narcissism in the infant is but being learned for the first time. It is becoming more clearly apparent that it is quite different when viewed subjectively by the infant from within outward, as it were, than objectively or from without and above, as viewed by the adult. Just how the infant feels his way in adjusting to a newly evolving world superimposed upon him is the most important stage of our knowledge at present. It is a contribution to this point that the larger part of this thesis is finally to be devoted. In general we may say that we have no accurate knowledge of the phylogenetic inheritance or how it is subsumed into the pattern of biologic inheritance of the individual. This leaves us in the dark as to the genesis of sensorimotor reactions and the instincts, as well as the manner of interacting influence by which certain vital modes of response call out certain organismic responses and those only. However, in these

unsolved problems are bound up the determiners of object and ego libido. Deeply buried in this whole organismic response is the weak and undeveloped ego nucleus. At birth the ego is too weak to determine a separateness of existence and the whole organism dominated by tropism turns, in its demoralization, to an identification with the mother to relieve the sense of separateness, insecurity and discomfort which has been induced by birth. This identification is established largely through contact with the mother's nipple to which the child often merely clings without nursing. At weaning another great stress period or panic takes place and the behavior and feelings recapitulate all that has gone before. Both anxiety and the means for allaying it are engraved in the behavior patterns of all states of living that follow in the individual's life. Properly speaking, the nursing process is really a weaning process from the first; still more remotely, it is but a part of the birth trauma or complete separation from the mother. Practically the child recaptures the comparatively perfect bliss of intrauterine life in the few moments of satiation following the nursing act. Most infants are vaguely aware of this in the process of irregular and delayed weaning, and manifest a fretful impatience to nurse longer and more frequently. Many infants show benign symptoms of their innate inelasticity to adapt to the weaning process and later may develop actual neurotic storms of protest when food substitutes and the care of others than the mother are offered. Pediatricists evidently are aware of this, yet they fail to warn us to ascribe these anxiety states to a possible neurotic basis when all other defects of bottle and spoon feeding have been overcome. At the final act of weaning, the immediate and manageable environment is withdrawn from the child, and this usually leaves him quite bereft. There ensues a painful and dreary longing, and though the fairly stubborn child may refuse the bottle or spoon feeding for two or three days and finally succumb to the substitutes, the struggle is not yet over. Days, weeks, and even months are spent in futile search, if not for food yet for the bliss and comfort of the mother's complete love and care as experienced in the nursing period. Nor is the widening of environmental appeal sufficient; the spiritual depth of the former rapport and unity with the mother is gone forever. Little by little, sunk in unhappiness, the infant begins to forget (repress) the whole painful incident of weaning and the former bliss of the nursing act. In the unconscious this desire and longing are not lost, but remain ever present and unrequited. It is the core of longing or desire for a long series of identifications and withdrawals of attributes for these identifications to place the same at the service of the ego

upbuilding. This desire is the ego libido demand for the integration of the ego in all sorts of effort for satisfaction in a physical and emotional unity. In the very nature of things there must always be a struggle between these two contending but mutually colligated forces: the object libido and the ego libido, and the whole problem of successful living is embraced in the proper balance of these by no means antagonistic forces.

Thus historiographically and objectively we gain a crude picture of the secondary narcissism brought about by the primary subjective identification with the mother. The manner by which this identification is transformed into the fixed pattern of the ego as we see it in the different clinical forms is not yet known, therefore any means whereby we can resolve the clinical phases of ego development into its primary components and note the elaboration of the stages by which the final form results, is worthy of our most sincere efforts.

The Development of Narcissism. In a review of the literature on narcissism, we find that Ellis first described the perversion as a variety of autoerotism, invoking the name of Narcissus, from which Naecke in 1899 coined the term *narcissismus*. Several years later (1914) Freud made a few introductory remarks upon the subject. Naecke first discussed narcissism as a phase of sex perversion, but it is now recognized as an integral part of the normal emotional development of every individual. The objective and the ego impulses are so colligated in the libido that the individual is often poor in the one when rich in the other. Different proportions of the two are, however, constant variables. So far as the libido or emotional striving of man is concerned, the psyche is essentially dualistic. The two trends, object and ego libido, are coterminus and frequently are dynamically interchangeable. In its energetic power the interchange of the two is best illustrated by sleep, where the object libido is withdrawn to the ego libido in the dream content. In the more profound states of hypochondria seen in the ego neuroses the 'organ-pains' are perhaps but a counterpart of the anxiety states seen in the transference neuroses. Thus we may have as close a connection between the mind and organ sensations in the ego libido as there is between sexual ideas and circulatory changes presented in the "blush of shame." Freud has suggested that in the hypochondriacal states the various visceral pains may be no more than ego libido fixations comparable to those of object libido. Thus the pain through which certain parts of the outer world were lost may be withdrawn to the organ or organs incompletely reconciled to the loss entailed. The gastro-intestinal hypochondriac is an instance in point. Later expositions of this hypothesis will make this clearer. It may be that

the narcissistic concern about the innermost remnant of the ego ideal and the over-concern for its safety are built up from the autoerotism of the nursing act withdrawn from experiential testing of the outer world, and not due to the object libido being turned in upon the ego ideal as an object however much the latter mechanism may be a means whereby the power of the hypochondria is augmented. This very innermost remnant of the ego libido after the traumatic splitting of the inner and the outer world has been accomplished at the weaning period is the nucleus of the narcissism and may be in part formed at the behest of the autoerotism of the nursing act as a form of emotional striving. It may thus be called the sublimated form of the sexual impulse; the latter is not entirely lost from it, however, as is experienced in object love sublimations.

While Ellis and Naecke may have coined the term narcissism, it is to Freud we are indebted for outlining what we as yet know about the nature of it. From his teachings we have come to know that narcissism is the libidinous complement of egoism. One can be egoistic and at the same time excessively narcissistic. Probably the sex object always draws upon itself a certain part of the narcissism of the ego. While narcissism has had such a baleful career in the ego neuroses, it is unfortunate to think of its not serving a useful rôle in enabling the individual to create an attitude of self reliance and proper appreciation and worth of his own qualities. Without the conceit of adolescence, few children could declare independence against the greater experience and wisdom of their parents. Only when the narcissism passes a certain quantitative point does it appear to do so much harm. We do not know as yet just how the ego libido or narcissism is formed but it is surmised that at the weaning a part of the autoerotism is withdrawn to the inner ego remnant or unidentified portion (ego nucleus), and thus constitutes the ego libidinal complement. The continued libidinal energy may thus unduly accentuate the simply protective value to the ego and be its very undoing in the formation of different degrees of narcissistic attitudes incompatible with reality. With this undue accentuation of the ego libido the object libido suffers a diminution often to a degree that the narcissist may not have sufficient libidinal energy to make a transference possible and thus may not be analyzable. Admixtures of narcissism or what has been aptly designated as pseudo-narcissism also occur in the transference neuroses and this can be broken down piece by piece, but these isolated bits either are intrinsically of a different character or when aggregated in the larger mass as found in the narcissistic neuroses seemingly offer an insuperable barrier in analysis. If we are to make progress in this new field the suggestion of Freud

may have to be followed, namely, that "our technical methods must be replaced by others." It may well be that the one I shall offer will still make Freud's doubt of continued import when he says that we do not yet know whether or not we shall be able to find such a substitute. At times these patients furnish us ample material, but as Freud pertinently remarks, they do so but not in answer to our questions. It is just to the free and spontaneous utterances of these patients that our proposed method particularly applies. It may also supply a natural artistic and creative outlet to the narcissism thus paralleling the cultural expression of the primitive narcissism.

The Phantasy Method. In order to avoid the protective mechanism that lies within every narcissist, and in the absence of the transference which these subjects are unable to establish, for the past three years I have carried out an analytical procedure which I call the *phantasy method*. In effect, it is comparable to inducing a mild self hypnosis. It may not seem unlike a form of day dreaming, or certain phases of psychogenic hallucinosis in which mild degrees of clouding of consciousness obtains. This procedure brings about a certain disorganization of consciousness, and moreover, the displaced primary personality of the narcissist is enabled to gain the power of insight into the intricate pattern of his narcissism which has been built up from the identification with the mother and in the exaggerated and enduring dominance of which the narcissism owes its power and sway over the entire life of the individual. The form of transference which is finally evolved is, of course, essentially narcissistic or of the mother type rather than the lover, which so universally obtains in the ordinary transference neurosis. The patient is requested to recline on a couch in a position where he is unable to view the analyst, close his eyes and imagine the subjective sensations of an infant, preferably from the first day of birth. Many patients are unable to produce even a vague phantasy for several sessions. The analyst's unconcern in this non-productive period is of the greatest moment. Any attempt on the part of the patient to turn this initial failure to account by making suggestions or requests for another type of analysis should be gently discouraged, and he may be told his unsuccessful plight is not different from other patients and to keep his mind on the task. Soon vague thoughts and fancies begin to creep into the mind of the patient. The material when it begins to appear is usually dry; the phraseology is obviously labored and stilted and without emotional significance. Frequently the patient is critically keen to inform the analyst that he is particularly unsuited for this form of analysis and that he has been tricked. He may also attempt to burlesque the incidents of infancy or bitterly

denounce the data as fallacious; he is quite sure the whole state of the infantile subjective life has been very much overdrawn and that the analyst had best concern himself with current issues that will be found to fully account for the patient's present difficulties. The foregoing is but an outline of the many conscious rationalizations of resistance which this method encounters. They are not unlike those expressed towards psychoanalysis in general, but the obvious cleverness of the narcissist in embroiling the analyst's own narcissism has engendered no end of argumentative sessions by this method. The path of dream and free association analysis by which we have handled the transference neuroses is strewn with the wreckage of those cases of narcissism which were either discarded by the analyst or were terminated by the patient himself. Even after considerable material has been produced, many patients, having exposed a proper historic retrospect of their infancy, are quite keen to tell the analyst that they can present no further data, that the field has been quite well covered and that their neurosis seems quite as deep as before. In no other state is the patient so prone to prove the method of analysis is really an erroneous procedure which leads to no solution of his problem. If the patient can deflect to the slightest degree the analyst's calm, interested and impersonal attitude, his narcissism at once takes this as a point of vantage. The imperturbability of the analyst is his only safety or chance of later success. He must become a superanalyst, and as a consolation in his first hours of trial he may remember that so soon as the narcissism yields even to a slight degree the patient is profoundly grateful and will work with a persistence that far outshines the assiduity of the ordinary transference neurotic. Perhaps no one has suffered from the tedium which is encountered in analyzing these narcissists more than Professor Freud himself. Little by little, after sore trials the patient gives us data that assume more definite shape and emotional content. The matter is no longer purely objective or reportorial; the phantasy becomes deeply colored as though emanating from actual experience, or as though some sort of subjective validity of feeling and sensation is motivating it. Irregular or variable data may indicate that the analyzant is blocked, unconsciously or otherwise, by certain reminiscent obstacles which are for the most part too painful rather than affectless. Whenever the material is too precise and circumstantial, one may sense that automorphic connotations are being projected into the analysis. No one may assume the infantile period to be anywhere near as clearly to be recalled as the patient's verbal statements show. But that the individual infantile period is proved to be present in some degree by the phantasy, either in actual situations or in affec-

tive verisimilitude, no one may deny after cumulative experience. We are dealing with narcissistic libido, and through the maternal transference we are profoundly affecting the very integration of the personality dependent upon it. No mere neurosis is being removed in the process, solely; the work is more than ordinarily analytic; it is no less than a *complete psychobiological reconstruction* of the personality. It is as though one were dealing with a life delusion in these narcissists, and one may no more make progress by attempts at rationalization or arguments with them than with their only a little more handicapped interned fellows suffering from persecutory delusions. Frequently much time and patience are spent in gently removing the obvious layers of resistance to the actual data of infancy, in the stress periods expressed symbolically in fretfulness, anxiety and sudden impulsive acts. The very intensity and vividness of the experience shows that the data carry a heavy load of affect and even of all previously difficult adjustments in the patient's infantile life. One comes upon these subjective states by way of the crises first: the patient gives a phantasy of tantrums, crying, or states of listlessness, and works back to the events that could have produced such an emotional situation. If possible, the interviews should be variable. Some patients fatigue easily under this method while the majority can undertake it for two or more hours at a time. The patients are required when practicable to bring a written summary of the previous visit. It is astonishing to note the accuracy with which such records are kept by the patient, and whenever they differ from the record kept by the analyst, these points should be cleared up before new matter is produced. Soon a blazed trail of meagre events of the infantile life is phantasied. The patient is greatly relieved and is rather satisfied with this feat, but persists in a vaguely troubled manner that his neurotic symptoms are but little altered. The work in fact is but just begun. Sidepaths in every direction must be phantasied. New resistances are now encountered. These having been explained away, at least in part, as one might to a student who has first begun to draw or model and thinks he has mastered art, the real work begins, in part repetitive but always with new insight and understanding. The specific objective of phantasia data is now lost sight of and one begins to enter upon the affective values of all the situations previously inhibited. The onerousness of the task to the patient is now relieved, in part at least, due to the fact that he is both director and actor in the dramatization. This increases his cooperative ability, and in many instances engenders his feeling of ascendancy in the analysis which often parallels his own natural bent. For some time, however, the

patient "breaks through" and would like to recount a specific and revived memory of undoubted validity. He should be restrained from too early an indulgence in this tendency, for like many a good hunter dog who has been spoiled by breaking the scent following a visual pursuit rather than the trained method of the hunt, by avoiding this short cut one not only gains a larger phantasial review of the affective life of infancy but surely keeps the record from becoming too factual and emotionless. Too early a release of affect is well known to lower the libidinal tension under analysis, and gains too little breadth of drainage of general anxiety or fixation. Although it is not to be too specifically commended, many patients are able to continue specific phantasies unaided. Many of my patients have done this and it naturally speeds up the process of analysis. However, as their self controlled work approaches the more painful situations of infancy the spontaneous productions diminish in affective analytic value.

When once fully initiated, it is unfortunate to call a halt in the analysis at the end of an hour's session. The patient should be allowed to continue further pertinent revelations either in the analyst's presence or alone in another room. The state of partial clouding on going to sleep and waking is very favorable for continuing the phantasy. If the method had nothing else to commend it, the increase of flexibility engendered would make it worth while. In some cases the method may be used only as a provocative agent to stir the repressed memories into consciousness. However, even though it be so employed, one will most frequently find that a direct memory-recall will be short-lived and a much better and consistent analysis will be forthcoming if one disregards the few and obvious memories encountered during the use of the phantasy method. The situation is not dissimilar to the general injunction of Freud that pertinent current issues are to be disregarded if one is to do any deep and freely relieving analysis in the transference neuroses. The main issue, after all, is to keep the flow of the libido in a state of flux. Any modification that renders this possible must be instituted and followed up. As before indicated, the formal routine of daily or hourly analysis has to be modified. A specific time limit interferes with these psychic artists and definite ideas of discipline are of course not to be thought of. We may gain much from the lack of routine and producing when the urge is on, from our other artistic confreres, in this field as well as in the relationship between master and pupil, its real paradigm being the mother-child relationship. Indeed, much of the operation of the phantasy method is facilitated by fully recognizing the whole process as one of the creative arts so

far as the production is concerned, and as such it can easily pass the ordinary bounds of control of both participants. The patient, for instance, may be so engrossed in the creative phantasy as to separate the pictures far from any real participation in his own living perceptions. He thus creates an interliving by another identification into the innumerable selves he might create and thus multiply instead of unifying the affective values of his own personality. On the other hand, the analyst may become so engrossed in the historic retrospect of possible infantile reactions that he loses sight of the main object of unwinding the ego libido of his patient and thus may produce no therapeutic result. The dilemma is more seductive than the research versus the therapeusis of ordinary analysis, as the totality of the first stages of the phantasy method is synthetic and apt to arrest both participants in the created whole rather than passing it directly into the critical and analytic states of ego analysis. The patient is to sharply demarcate the matter he generates by himself from that jointly produced, or even from any matter which he has solely rationalized or interpreted. One should be very guarded in giving any explanation of the material until at least several sessions have been had, however trying the vagaries of the analyzant may appear to be. These patients are literally filled with sophistications and rationalizations of the causative significance of current issues and will quickly react in the same manner to the new data. Advices and criticisms are to be withheld, but one may state that the material *is pertinent* and will undoubtedly carry *its own explanation* when more data are produced. In brief, much of the explanations offered by the patient is so much his own rationalized protective resistance and his elaborated and projected narcissistic trends, that one may lose heart in any search for final causes in the neurotic symptoms. However, it is here, as Freud has said with regard to the transference neuroses, that the patient will be able to differentiate between true and false conclusions, although he may know little of the method by which he does it. With this we must rest content.

The phantasy method probably may never be popular with the more formal analysts, or those engaged in psychoanalytic reeducation with its illy disguised narcissistic disciplines. The method demands a quiet sympathy with the perverse manner of "delay, linger and wait" of these narcissists. As is already known, many narcissists of the schizoid and epileptoid types would seem to be well nigh impossible to analyze because there is no transference, and the libido is too profoundly fixed in the somatic pattern of the ego. So seemingly adroit is this protection that there is not even a ray of light allowed to filter through its shielding. Unfortunately in only too many of this type

they may *not* "tell us many things" even though they are not pertinent to the issue. While many of these narcissists are seemingly drawn from the most callous and inveterate neurotics in producing phantasy they are extremely sensitive. Any attempt to handle their material indifferently may inflict deep wounds in souls singularly possessing little power to heal. If one tries to harden the patient to his specific infantile conflict, or tell him he may assume more adult reactions if he but dispel his resistances, this is faulty technique. Humorous allusions to the matter revealed may lose many patients their chance to be analyzed for weeks and even permanently by that particular analyst. The merest seemingly curt suggestion at the beginning of a session may cause the patient to cease producing for a week or more.

The most difficult type to handle are not the *Fachgenossen*, for they may be accustomed to deal with critical analysis and have a not inconsiderable ability to emotionalize themselves into a phantasy; they are the most intellectualized and in consequence may have employed so great a part of their narcissistic libido in their creative work that they are not sufficiently neurotic to produce libido tension,—a requisite here as pertinent as the continence enjoined upon the transference neurotic to intensify the transference mechanism. A greater difficulty is encountered in analyzing the keen executive, who either has had little opportunity for a cultured equipment, or his meagre parsimony has long since been allowed to lapse and the libido is transfixed in the narcissism—there is not enough free libido to make even a parent-child relationship possible. To refashion any phantasia romance in such an individual is difficult indeed. Little by little, however, crude beginnings even in these subjects may be made, and these too by a method borrowed from the older lines for increasing and freeing the ego libido, in renewing a concern in actual rehabilitation of any form of creation, preferably in the arts. This initial departure may be quite frankly explained to the patient and may also be ranked as "active therapy" of a positive sort. The main difficulty in such a procedure is to avoid gaining too much libidinal release, which diminishes the neurotic symptoms and temporarily lessens the patient's urge to undertake a tedious analysis. A little experience, however, will show the patient the fallacy of removing his neurosis by any such outworn method. Careful introduction of such active aids will build up and free the libido from narcissistic fixation to warrant a successful beginning of the phantasy method. So much of this released libido as may be brought into the transference as quickly as possible will render the phantasy method the more successful. It may be that the group art preoccupation of many psychotherapists is a partial employment of this principle. If this

group work is not more or less immediately employed in detailed and specific analysis it may increase or satisfy the narcissistic fixation and thus permanently wall off the ego libido from either any real creativeness in the arts or the art of living and thus finally defeat the real purpose of analysis. In such the neurotic symptoms are but withdrawn into more static forms of refined elusive narcissism. This procedure is perhaps no more precarious than positive efforts to make the ego libido freer for purposes of analysis by interposing or initiating active creative therapy first. But in a large number of cases—how large we may only surmise at present—it is the only way out. Without parental libido one may not analyze this large group. Either this, or block the libido the more. The latter method so intensifies the symptoms that the patient becomes dumb and stupefied and may be unable to do anything. Time and experience will show us the way to gain a proper degree of liberation of the ego libido to carry on a successful phantasia analysis. So much time would not have been taken up with this phase were it not so very important. It is the essential difficulty in paranoid, schizoid, epileptoid and traumatic psychoses and neuroses, as well as in all dyspsomias and in most of the homosexual neuroses uncomplicated by social disasters.

To return, any specific direction in an effort to activate the Ego libido may signally cramp the analyzant's style of emotional living and easily do more harm than good. How grave such harm has been is well attested by the incompletely analyzed cases passing for the critical review of those opposed to psychoanalysis. Of late many analysts have urged a back swing of the pendulum to prevent the neurotic from "beating himself up" in his analysis in an undue masochism, but this injunction does not apply as yet to those using the phantasy method; first, because it is done so indirectly, and second, because the analyst must not betray his own sadistic tendency to encourage this analytic impasse. To use musical parlance, in the phantasy method the analyst must always play second violin, or else he may produce the greatest disharmony in the duet. The analyst may easily permit himself to say that certain data show evident traces of emotional feeling. He may gently discourage the reporting style of indicating the emotional significance of those parts that show subjective identification with actual affective memories. Many narcissists are resistant to the reclining posture and insist upon facing the analyst and holding the mind tight and resistive. Words fail to express the ghastliness of such analysis. Explanations of these resistances usually persuade even these so-called "intelligent" patients the inexpediency and harm of such attitudes. Any number of simple

illustrations, even to citing the ordinary fear of taking anesthetics before an operation, may be used. Even then many patients will still strive to keep the mind rigid.² Freud cites Schiller's advice to a friend to widen the state of his mental awareness: "The reason for your complaint lies, it seems to me, in the constraint which your intelligence imposes upon your imagination. In the case of a creative mind, the intelligence has withdrawn its watchers from the gates, the ideas rush in pell-mell, and it is only then that the great heap is looked over and carefully examined." The persistence of this defective attitude is shown in the stark verbal reports of the phantasia images. With patience the analyst will be able to lead these subjects away from the so-called objective reporting style. The best results are slowly obtained by the analyst's literally dropping out of sight and becoming the quietest of listeners; the patient then figuratively drifts out upon the tide of his phantasia production, communing with himself, as it were, and reliving his past experience. In the deeper infantile analysis many patients present the most amazing child-like behavior, the verisimilitude of actual infants. If this form of memory carries actual affective values, and the trained analyst cannot be often deceived in these particulars, it may be freely permitted. As in ordinary analysis some patients present the crudest sadistic attitudes toward the analyst as the parental surrogate. Here the patient is remarkably quick to detect the falsity of this position and needs little or no help from the analyst. Impersonal steadfastness is the analyst's keynote. Too deep concern in the patient's attitude is quite as bad as callous indifference. As much concern as an intelligent, sympathetic mother might display is perhaps the best guide. Too much explanation into the intricacies of the analytic theory of narcissism involved is the bane of all analysis and the fault looms large in the phantasia method. Even when the inference is quite plain, let the patient discover it so far as he may, though his efforts are labored and tedious. What he learns and understands by himself is of the greatest if not the chief value. One should not "remember" for him unless he is obviously repressing data already fully revealed by his own analysis. A little practice enables the experienced analyst to recall the exact phrasing of previous phantasies though the "story" is obviously "make believe." He should be careful not to overstress the points made as the attempt to "make a case" will surely act as a boomerang to the analyst. Most narcissists are the most shrewd partisans of their narcissism, and their resistance is the very protection of it. With consummate

² Freud: *The Interpretation of Dreams*, 1913, p. 85.

cleverness they can embroil the analyst in fruitless arguments and explanations of vague generalities all over the field of child-and-parent relationships.

Attempts on the part of the analyzed patients to define just what brings about a betterment is hard to envisage in scientific terms, but it is no more unsatisfactory than in the transference neuroses, and will be dealt with later.

While much that has been elaborated here as to the *modus operandi* of the phantasy method may be no more than that which should underlie a proper analysis of the transference neuroses, in the latter it may be optional, but here it becomes absolutely mandatory. Experience has proven this. While the phantasy method was primarily devised for the more hopeless narcissists, and is of possible use in all the psychoses wherein this state bulks large, its success easily suggests its employment wherever narcissistic attitudes present themselves in the transference neuroses. Perhaps it is this very element that so often renders many compulsive neurotics unable to gain that degree of release from their hapless plight which their cogeners of hysterics and simple anxiety neurotics attain. At least several cases have proven this to be so in my experience. I would thoroughly commend its use in compulsive states at any rate. It is a common experience with many analysts to remove the neurotic symptoms in their patients even beyond the disestablishment of the transference only to find that the patient is rendered comfortable but not productive in any "forward testing of reality"; they lack "push and go" in the common phrase. They have absorbed the libidinal energy within the ego; the narcissistic concern is enlarged through fixation and fails to flow into creative effort. It is in just such half-way cured cases that the phantasy method is of great value. The analytical treatment of many such analyzants is often abruptly terminated in a few weeks by the phantasia method. The mass of pertinent material presented is in striking contrast to some of the older methods. It speeds up the analysis and thus widens the range of psychoanalytic applicability wherever this issue is of practical moment. Furthermore, it goes without saying that not alone is the method of value outside the infantile period; it is of signal use wherever narcissistic fixations have been repressed. As before mentioned, engendering the proper attitude of creativeness in the pre-analytic stage may again prove valuable during the course of the analysis. Any everyday activity that brings a certain degree of mental composure and increases the formation of libido, such as the study of music, dancing, and the creative arts, materially helps the method. While an excess of such preoccupation may make the patient *too* comfortable, on the other

hand *too* painful tensions, especially in the insomnia of melancholia or the painful concern of hypochondria, may defeat progress. An equable balance, even to the employment of sedatives and sanatoria treatment for a time, may be required. It is unnecessary to say that all these artificial aids must in time be paid back as loans from the state which has for the time being made them indispensable.

At another time I shall detail the modification of the procedure which will be found necessary for its wide applicability to the more profound mental disorders in interned psychotics wherein narcissism has played such a devastating rôle. In deeply repressed states, perhaps situations favoring anxiety may make for extra efforts on the part of the patient to get rid of his neurosis, but any prolonged exposure to anxiety invariably retards the free flow of the libido. Whenever the latter "dryness" or even resistance which cannot be easily allayed occurs, it is my practice to let the patient fall back into some very pleasurable reminiscence, preferably of the nursing relationship. The patient thus invigorated undertakes with renewed zest the more painful tasks of analysis. It would seem that the most painful (repressed) affects can only be fully produced or analyzed out in the presence of the analyst. While the narcissist can perhaps make a written confession to himself best, the advantage in the frankness of the latter is outweighed by not having some person (the analyst) to furnish an identification or transference leverage to assist him over the exposed injury. Occasionally a wish phantasy to replace an actual painful experience may also replenish or refresh the narcissism as well as make the actual experience the more glaring in contrast. The ideal thus expressed shows the power or energy of demand which the narcissist possesses.

We may recapitulate by saying that the ego and its libidinal attributes lie indefinitely enmeshed within the loosely organized patterns of viable modes of response of the foetus. Primary narcissism or objectivity changes to subjectivity in these first living activities, intrinsic and extrinsic, within the foetal organism. The secondary narcissism flows out of the child-mother identification and the child's separation from the mother in the process of weaning. While at first this primary narcissism was thought to be concerned with the body solely, only later having a development upon and with the psyche, probably the body and psychic attachments are synchronous, the body being the first to emerge in objective evidences. The narcissistic libido then wills its bodily sensations, as it were. The body then becomes an impulse-object, probably somewhat like any part of the outer world. The psychic process or personality may itself become an impulse-object to the narcissism. As Freud has maintained,

the narcissism is really a connecting link between the ego and the sex impulse. In other words, the narcissism has both a bodily and psychic concern. As Freud has taught, the essential nature or nucleus of the ego is the impulse to master and incorporate the outer world into itself. Moreover, as Schilder has shown, all libidinal identifications leave their trace in the ego and are imprinted in the ego and its libido. The ego possesses a horizontal and a vertical structure of narcissistic ego libido fixations. It is then a non-homogeneous aggregate of imprinted ego impulses and their identifications. Inasmuch as the successive identifications are existent or are discontinued, there remains for the most part negative and positive trait aggregates in a network of interwoven patterns of intricate design. One may then say that the ideal ego is a compromise between the repressed ego impulses and identifications and the libidinal impulses arising from these (the narcissism). Thus we have a persistence of a primitive childish ideal ego and an adult ego. The unresolved infantile ego and its narcissistic demands are a part of every ego neurosis. Our main concern is the persistence of the magic infantility part of this narcissism that hinders its proper sublimation.

It is unnecessary for us to reiterate the mental makeup of the narcissistic neurotic, which has been so excellently outlined by Freud, Jones, Abraham, and Ferenczi that there is nothing wanting in the picture either in its totality or in specific character reactions. We should restrain from falling into a narcissistic conceptual attitude ourselves, of holding the formulation of narcissism to be a fixed pattern type, but rather consider it as a continually variable manifestation of narcissistic formulations and attitudes. In other words, it is as variable as any other vital process, but which we are frequently called upon to crystallize into verbal symbols. Thus the hypothetical term *narcist* should be "as a coping to the whole structure which can be replaced or removed without damage"³ and not as an essentially immovable foundation stone of our study of the individual or the qualities which he may possess in this clinical group. In a way the activity of the whole really embraces a scheme that approximates a life delusion. As Freud puts it, his mode of thinking and acting is upon a consideration of concepts and nothing but concepts. Facts and the fluidity of these in the changing processes of life are not for him. He must build freely and as arbitrarily as his own personal needs demand. The narcissist rests upon these ego demands that are eminently conceptual. He acts upon a conceptual mood and without objective proof. If we ask him questions to substantiate the

³ Freud: "On Narcissism," an Introduction, 1914.

validity of what prompts him to feel and act as he does, he furnishes us with nothing but concepts of these feelings and attitudes. In narcissistic states of hypochondria, for instance, we do not feel or understand his hypochondria because the patient speaks in a cryptic code of concepts that are of his own peculiar subjective mood. Not even another hypochondriac may more than vaguely surmise the predicament of his fellow sufferer. Given a free opportunity by way of the infantile phantasy, little by little, one gains the warp and woof of the hypochondriac's ancient predicaments in infantile living and his disturbed feelings in this process. Equipped, then, with this Rosetti stone, we can make something of his adult distortion of this infantile narcissism born of the "torn and lacerated" state of the weaning period. By the narcissistic identification via the maternal surrogate we may begin slowly to unwind the cocoon of the narcissistic upbuilding of the ego libido. As the parental surrogate we allow the narcissist to place upon us these infantile conflicts and thus gain an insight in the process. A reintegration then takes place more adaptable to reality. Of course the more definitely the libido reforms to object libidinal sublimations the better. One speaks of the actual physical acts, such as the nursing relationships, as though they were the facts which we wish to recover in our patients, and many are confused by this attitude. But this position is too static and factual. It is also a mistake for us to look upon the parents' behavior as fully responsible for the neurotic's ill adaptations. At best such parental attitudes are but contributive and hasten or make certain a neurotic impasse in later life. In the final analysis one finds the parental behavior has played a really undeterminative rôle and is most often exclusively engendered by the defective attitude of the child himself. The latter is our main concern and if more consistently and patiently investigated will diminish the ardour for archaic and phylogenetic causes of the neurotic state. Only by fashioning and refashioning the different angles of insight into the conceptional behavior of this internally conceived world of the narcissist may the patient finally reconstruct a true picture of his dilemma and he will act upon this new insight just so soon as it is deep enough to release the inhibitions and fixations. The aggregations of conceptual symptoms which the narcissist experiences are but distorted symbolizations of the cruder infantile patterns of magic needs drawn from the unsatisfied longings of the weaning period. They often disappear like mist so soon as the narcissistic transference is established analogous to restoring the comfort producing state of attached nursing. Thus the real neurosis is at last revealed made up of the components of castration fears, inferiority, sado-masochistic, oral, anal

and urinary erotism. These, then, are the defective states which the phantasy method uncovers. In brief, the birth and the weaning processes and their libidinal significances all come into being again. Many patients are reduced to the veritable defenselessness of infants and may for a time complain bitterly of their worse plight. Rather should the latter state endure longer so that the narcissism may gain a fuller cathexis and not reform so soon into a somewhat similar pattern to that of the old one. The very primitiveness of the narcissistic pattern precludes any rapid analysis as has long since been fully noted by Freud and his co-workers. The resistances are really enormous. However, two of my cases resistant for years by ordinary analysis yielded to a satisfactory recovery in a period of three and four months respectively.

Wälder⁴ contends that by the aid of a narcissistic type of transference he hopes to induce a release of ego libido fixation in the narcissism so that a new libidinal object may occur or that in case this cannot be brought about or the libido after a time returns to its old fixation or even regresses to past forms of gratification, he still hopes that he can show a way of release of the narcissistic libido by bringing forth a process of sublimation within the narcissism itself. He maintains quite rightly that within the narcissistic activity there are parts that form the more healthful portions of the personality, and these being offered to the *id* may be found acceptable as ways out of the psychotic impasse. Thus the readjustment makes for a safe solution if the sublimations thus secured are compatible with reality. It may be just possible that through the desire of the narcissist to recover, at least consciously, plus his narcissistic transference we shall not be able to go further, but my program is even more ambitious, for I undertake at the very outset by means of the conscious desire for recovery plus the narcissistic transference to disintegrate the very narcissism itself. It may also be just possible that the displaced portion of the ego that once caused the identification with the mother is capable of the feeble and inconstant lover transference these narcissists are capable of making. Therefore this marginal rim of displaced personality in the original envelope may be developed for the time being to constitute a vantage point for a re-survey of that large and would-be dispossessing portion of the ego surrendered to narcissistic activity. By gradually increasing the insight of that other portion, the narcissistic ego, the healthy or unidentified portion may gradually overmaster and exclude the narcissistic overemphasis and its primary subjection and dominance which the mother identification once played. When

⁴ "The Psychoses: Their Mechanism and Accessibility to Influence," Robert Wälder, Vienna, International Journal Psycho-Analysis, July, 1925.

the patient gains the slightest insight and understanding by the phantasy method of subjective identity, it is astounding to observe the rapidity with which he sees the whole range of his narcissism. Unfortunately the narcissistic pattern is not homogeneous but has differing values as measured by its adaptation to reality. Moreover, every attitude has its counterpart in the primary needs unfulfilled through maternal identification and its withdrawal so that the patient repeatedly loses insight whenever new frustrations in object libidinal or narcissistic sublimations arise. At such an impasse, however, one usually sees not a deeper regression but a restitutive formation of the narcissism itself, and which on the whole presents the general aspect of the narcissism in a much more acceptable form of reality. One may say that the narcissistic ideal is made up of desires and needs fashioned out of the maternal identifications and which were left unrequited at the weaning.

At some point during the treatment, most frequently at the beginning, occasionally a patient who either too perfunctorily produces his phantasia material or is too deeply engrossed in the mere detailment of it, will grow negligent in keeping notes. Time after time he will appear for analysis without them and although he has been told it is a matter of routine that he bring notes of the previous interview, each day he will say that he thought after the main thoroughfare of infancy was demarcated further notes were unnecessary. Though reminded that such is not the case he will persistently skip many sessions; these elided ones are always significant and worthy of analysis. Still later, many patients grow restive and complain that knowing they must bring in a written record "cramps their free style of analysis."

Long and elaborate defenses of their resistances to writing notes are often forthcoming seemingly loaded with the best of reasons. But on specific analysis one finds that these very specious resistances are but a part of the narcissism and the patient's unwillingness to do his share. It is far from any ordinary malingering desire to be let off from work in analysis but is not dissimilar to like resistances to the routine of ordinary analysis. It differs from the latter in being much more plausible and cleverly rationalized. As is usual such formulations of narcissistic resistances are found to be a storehouse of similar attitudes in all the life reactions.

Many patients term case-notes "a monotonous disagreeable task," yet they talk daily, on and on, about their most intimate infantile experiences which their intelligence must tell them are the most tedious topics imaginable to the analyst, yet rarely do they thank

the analyst for his forbearance beyond a fair compensation for service. Perhaps none who do not feel a mother's loving concern could afford to labor at such a monotonous task at such a low remunerative rate, and as parental love the patient reckons it. As Wlder aptly comments, "To the narcissist the outside world means far too little for him to give its laws sway over his mind." Many patients try to relieve the situation by making something literary of their reports in order to add lustre and worth, and put in quotations of a wide discursive sort which are of doubtful illustrative moment. When duly requested to keep an accurate account with no embellishments save for marginal notes of other pertinent data which may have been opened up in the process of recalling an interview, they are much disturbed and chagrined. But even the freer phantasied analysis has its disciplines, not in the matter of interpretive analysis of material, for this is a process of spontaneous and slow awakening on the part of the patient, but rather in his submission to the technic which lies at the root of all good science and art.

It may be interesting to give an instance of this type of resistance submitted by one of my patients:

"Of course, the writing of detailed notes on each analysis has much in its favor, but it seems to me that there are several factors which tend to make it objectionable. At least it has been my experience that the times when it has been of real benefit are outnumbered by the times when it has proved a distinct handicap. The primary feeling in the patient is probably that writing notes is a monotonous, disagreeable task (this is the real motive). The subjects which come up for analysis have been discussed; the child has lived; his emotions have been keenly felt; why discuss it all further, to the point of writing about it? (It is not a discussion, but merely reporting what really has taken place. The patient can make side notes of other memories which can be taken up in analysis later on, but not to be given as a part of the material already analyzed.) The subject seems stale; it is extremely difficult, hours later, to live again as the child did during the hour of analysis; and it is harder still to describe his emotions with the same powerful affect. It is like listening to a ghost story in dark and mystic surroundings, and then in broad daylight trying to reproduce the story with the original vividness. The story falls flat. It is this feeling of flatness that makes the writing of notes so unattractive. Once the task loses its appeal, the element of laziness enters into the question—to the detriment of the analysis. Convinced that note writing is an unpleasant task, the patient wants to avoid it. Instinctively—perhaps unconsciously—the patient feels that the less he says during analysis, the

less he will have to write later. Repression is then encouraged. The patient does not "let himself go" but clings to subjects which are simple, obvious, and easy to remember. The result must certainly be a less satisfactory one, because both quantity of experience and quality of emotions have been restricted. Not only has the wide field of vision been cut short but the picture itself is blurred and unconvincing. (The flow of the unconscious cannot be hindered by any such rationalization.)

"Probably these first two handicaps are felt by most of the patients. The third may be peculiar to me. In starting each analysis I have been obsessed with the idea that I must remember everything that I talk about. Now, the picture of the child does not unfold itself logically; part of it appears here, another part there, then more of the earlier impression—one emotion appears, then another, and then many others—these earlier emotions are added to and elaborated upon—rarely is one distinct impression felt and dwelt on until complete, before the next impression is felt. Such a scattering, hapless jumbling of impressions and emotions makes it difficult to remember them later. (Experience has shown that the patient invariably remembers the exact wording of his phantasy.) I find myself trying to organize impressions, attempting to describe the child's emotions in accordance with the laws of unity and coherence—just so I can remember them easily in writing my notes. This method of doing analysis would seem to encourage blurred, unnatural pictures. Many of the first feelings are shut out by later ones that creep in before I start to describe the situation. In trying to organize impressions I get into the realm of the conscious, and on several occasions I have found myself getting away from the natural, spontaneous affect. I have found myself thinking over what I am to say; then there has come a feeling of doubt, as to the reliability of my picture; and I have wondered if I wasn't seeing what I saw simply because I wanted to see that particular thing. (This is essentially a rationalization and has no more substantiation than a person's ability to refashion infantile experience or the dream mechanism in the unconscious.) While thinking about the material, I must be hoping that it will be favorable and normal. Then the picture I draw must be prejudiced by that hope. The analysis loses its naturalness, its freedom of emotion, and its final convincingness. There seems to be a censor standing beside me who won't allow disjointed impressions but insists on complete, logical descriptions. (As the patient gains an emotional cathexis, this stilted and reportorial feeling disappears.)

ILLUSTRATIONS

A few illustrations of patients who previously were unable to give any data earlier than four or five years of age show what a wealth of phantasy is presented for continued analysis drawn from this infantile period. For the sake of illustration of the ecstatic phantasy or memory recall of the nursing act as told verbatim by an analyzed patient, the following record may be given. It is taken from an enduring essential epileptic in the process of a prolonged analysis. As the patient began to give the following he appeared to sink into a sort of semi-sleep. He talked in low tones at first, later as if muttering in mild delirium, unaware of the analyst's presence. A child-like smile predominated throughout. His face was flushed. The picture was one of thorough contentment not at all characteristic of this patient.

Example 1. (Mr. C.) "There comes up the picture of a child nursing. The breast seems so large—there is a feeling of physical well-being. My cheek seems against it (patient nuzzles against pillow). Everything is so comfortable—warm and sweet (faint smile)—most comfortable with my eyes closed—arm seems around me—don't bother about anything—no tension—just comfort. There is a regular movement of my jaw (gives side motion of lower jaw)—not swallowing so much—nuzzling a bit—reminds me of a trick I have of nuzzling against my pillow. Can't picture my body anywhere—not conscious of it—hands seem in front of me—no clothes to restrain me—warm and nice—nose doesn't seem in the way—nothing seems to interfere—all is nice—think I drool a bit—. Conscious only of the warmth and comfort—it's perfection all through—couldn't ask for anything nicer (child-like smile continues)—to break away from it would be harsh—like a cold blast of wind on me—nothing to think about—I don't want to think—nothing I have to do but this thing that I enjoy so much—just the movement of jaw, lip and tongue all come so easy (slight movement of jaw continues. Patient puts thumb in mouth, sucks it)—eyes are closed—don't have to do anything—all is done for me—mother seems three or four feet across shoulders (expression of child-like surprise)—can't see her head—no tightness—nothing bothers me—I'm suspended without effort—everything cooperating to freedom—as nice as pleasure can be—seems as if mother and I were the only people in the world—nothing else in the world but this comfort and warm things around us. (Pleasurable expression continues.) If you watch a ball game it's pleasant but you have to look and think—here there's nothing to do—don't have to look or think—all just right—no effort to taste

—I don't know where my arms are now—picture of a fist doubled up—white, smooth, soft, warm—I'm against it but I'm not looking at it—what's the use of looking at it—I don't need to look at it—drifting away now—the picture is fading. (Slight restlessness. The patient turns from his back to the left side, covers his face with his hands. In a few moments he turns on his back again, shakes his head as if trying to get away, the happy smile returns as he rises from the couch and he leaves the room chuckling to himself.)

Another illustration from a questionable essential epileptic analyzed for the past two years may be given to show the ecstasy of anticipating the nursing act; the amplitude and beauty of the mother's body; the gradual disestablishment of the primacy of the nipple; the dislike and hate toward the mother as one who has deceived her; the turning to the father as a possible recapture of a mother surrogate and the incomplete formation of the Oedipus on account of the incomplete repression of the mother-identification. The patient was apparently unaware of the analyst's presence. She sighed frequently, giving the phantasy picture in short sentences, as a child would try to talk.

Example 2. (Miss D.) "I seem to be in someone's arms—face looking down at me—it's a long face—white—hair seems curly—eyes look brown—as I see the whiteness coming—I'm sort of supported by one arm—dark is being pressed back—I'm held on lap—arm around me—fingers holding me—we're in the chair now—it's kind of rocking—the white is being pushed down—it looks like a lily—and as it's pushed down to a little point, like a lily—(sighs, long wait)—the yellow thing—is there. My toes wriggle—my fingers won't keep still—(face flushed; the patient is restless)—good feeling—you want to make your toes and fingers go—want to get up there—can hardly wait—so beautifully white—I'm fastened on it—an eye in each one—take the eye into your mouth—you know she wants to give you something. Oh—I can't feel anything but the love and adoration she has for me. She kind of pushes it toward me—now I begin to feel something going in and out—back and forth—like a musical instrument—you press it together—let it go—and the music comes out of it. (Sighs again; there is a long wait). It seems to close and open—and you get something beautiful out of it. That awful sensation when it shuts on you (frowns and is restless)—like a fright—it's like when I used to hold on to mother's skirt for fear she would get away from me. Nothing is coming—the eye is closed—but it opens again and then it's lovely. I feel something gone—my mouth is dry—it's so much better when it's wet.

(Further analysis on the "lily"): "I don't know what to say about the lily any more—it was the exact whiteness of the breast—that little yellow thing in the center—they both meet down to a fine point. As a baby the breast seemed so big—I seemed to be looking for the little fine point. I pretended it was a flower—bees come to flowers—but lilies had to have something else—(at this point the patient drifts off into a dreamy state; has a complete childlike expression)—they had the little people who came and nursed from them—that's what I thought—it wasn't at the top—long stems—that place at the bottom—then little floating babies that never came down to earth and nursed the lilies—they never got big—it seemed lovely to stay and be a baby—to come down and nurse. I remember seeing pictures of little people going into a lily—I used to love to think about the lily—I like that name best for it (said in baby tones). (Now begins the admixture of automorphism and later repressed data). No feeling of guilt in thinking about the lily—but there was about the penis—they both looked alike a little, too. I have felt a bitterness about the loss of the lily (smile fades and slight frown comes)—all I had lost—when mother did not give it to you—she began to forget you—feeling of uncertainty—not quite sure—I feel like smiling—I feel as if I am going back to being a child—(complete change from the above displeased state)—the smile is connected with different things—when she comes to the crib and looks down adoringly—so wonderful—the smile was inside of me—when she picked me up it got greater—we are going to the chair—so sure of what's coming—(Patient's face is radiant with smiles, arms move up and down quickly)—happiness—contentment—but I couldn't wait—all stirred up inside. I have a feeling that mother used to come to the crib and look at me—but wouldn't take me to the chair. (Here comes in the displeasure of weaning. The radiant expression is gone.) She would take me in her arms—but no chair—disappointment—seem to feel I wasn't being taken to the chair—I didn't get the pleasure I used to—something had happened—felt like crying—I never recall having a bottle—but I hated something they put in a dish for me—cereal I think it was—I liked the milk on it—but it was rough—I didn't mind it so much if mother took me on her knee and fed it to me—but wouldn't take it if my sisters tried to feed me—I liked the milk—loved crackers and milk and bread and milk—but there wasn't enough milk on the cereal—no feeling of hatred against anyone that I recall—just unhappiness—no pleasure like I used to have in the chair. Now I seem to have a sense of being tired—don't want to wait—I've been waiting so long for her to come—the room seems so big—empty when I am alone. Pleasantest part is

looking towards the door—she comes through there—I like to look at the chair by the window when I get tired looking at the door. Then I'd get thinking to myself that mother was coming—through the hall—to the crib, look down at me—tickle me—and all of a sudden stoop down, pick me up, squeeze me—oh, so happy—then a feeling I was being taken to the chair—and then a little noise would bring me back (frightened look)—she wasn't there—(lips quiver)—I was just thinking it. It hurt so—just like as if mother really had come and never paid any attention to me—pleasure was all gone—couldn't control myself—would sob and sob, crying seemed to help. So I'd wait—the disappointment would go—would keep my head against the side of the crib—just loved to see her coming. That was lovely—(said in sweet childlike tones)—you mustn't turn until you heard her footsteps. You could laugh, wriggle your toes, I'd feel so funny when she'd come and laugh at me, but when she started to do something around the room I'd get frightened (patient's expression continually changing, according to content given, from childish glee to childlike fear)—but then she'd take me up—it's been quite a while since she picked me up—I am all cold—she'd wrap something around me—then I'd get hot—get warm as soon as I was picked up—hated to be wrapped up—she'd go over to the chair—feel hotter and hotter—couldn't stand it—then when it was all done—oh, the part as if I wanted to shrink away—something not nice—so crazy to get it—the part where she would get ready—feeling underneath—don't know what—(the automorphism of later conceived sexual ideas)—not disgust—vibrating inside—I couldn't wait—and still what was that little feeling—finally it all turned to be lovely and sweet—I didn't need to worry any more—it seemed she'd never leave me any more—I was holding on to her—feeling I couldn't wait—she is picking me up—(during this part of the analysis the patient's face has a disappointed look. She frowns, her arms are held tightly against her sides, her whole body is tense)—feeling of disgust—got worse—the feeling of picking it up seems like the feeling I have about anyone touching a penis. As I grew older I couldn't feel sympathy for a baby—was disgusted when I would see a woman getting ready to nurse the baby—couldn't stand the sound the baby made—I don't remember this feeling of disgust always—it grew on me—maybe it began when mother was beginning to wean me, but I don't know. When I was very little everything about mother is so beautiful—but the time the disgust came I feel so big—not so young—big baby now. Still the anticipation and pleasure are the same—it's all the same as before, and I wait for her—the disgust seems to come when I am on her

lap—keyed up the minute I see the lily—the feeling of disgust comes—I get nervous, wabbly, not so safe, funny, prickly, and it keeps right on until the yellow place comes—I am lying underneath (expression of disgust)—a feeling of don't touch it—(hands clasp and unclasp; mouth quivers)—but when I put it in my mouth the feeling of disgust passes away—feel if I kept my eyes closed, trying to keep myself from looking at the lily—it is hanging all over—it is flattened—takes it in her hand, guides it to your mouth. Oh—the feeling when she leaned over, beginning to see the line, have to turn and look—but when I did happen to see her breast it was awful—no life—drained—makes a sick feeling come inside of me. That feeling in your mouth—you can't swallow—looks like I was being weaned—and not getting as much and was scared—a resentment against her—a feeling against her and the lily—her face and the lily and her hand meant all to me—I begin to feel a wrong has been done to me—what it was I can't tell—it grew and grew until I hated everyone—when I saw mothers nursing children I could look at other people's lilies and not mind it—but hers—it was awful—shriveled up—dry—flat. (Sighs deeply, relaxes from the tense state she has been in while relating the above; she breathes deeply, frowns, finally shakes her head as if trying to put out some disagreeable thought or mental picture.) It seems to me that instead of going on developing one year to another, I remained right down there as a little girl. It got worse and worse—first it was mother, how she was so good to me and then seemed to put me out places and never seemed to come near me any more and I began to think that she did not care for me any more. I seemed to think that I should have my mother always—the real trouble came when I didn't get the thing I wanted—no one to love me—my God was crushed—do not think nursing would have been so hard to let go if she had been nice to me in other ways—but she left me alone—if I had her and was in her lap, if she showered me with kisses—but the time when she didn't give me what I wanted. Then it seems I turned to father. The time she gradually put me on the porch, made me stay there, didn't come near me—I'd be on the floor—she would sit on my father's lap—then I'd begin to find fault with her—her harsh laugh—father would look at me and smile—lovely expression—funny I hadn't noticed it before. She would come in, run to him, and it was so distasteful and horrid—I couldn't put up with it—the way she ran to him—I had a feeling he didn't want it—even when she was snuggling around him he'd look down at me—then she would do to him the way she used to do to me—I began to make myself feel I didn't want her any more. She laughed so

loud—her hair, her dress were all objectionable to me. I didn't like the idea at all—that's where everything went wrong—felt she was all wrong—she was always butting in—annoyed me—but my father sat quietly and had a soft voice. People turned when he spoke, they laughed and he would laugh, but it was all so soft and nice, but her voice was loud and cackly—his manner was superior to hers; he wasn't trying to be the center of attention. She never seemed to stop—that's what I hated about her—I fought it all my life. His ideas were just the kind I wanted—I criticized him at times, he'd look shabby and not shaved, but on Sunday he was always so nice and clean—I had nothing to fear about him—but it was different with her, no one knew what she was going to say or do. I was proud of father; he insisted on taking us to school in the carriage rainy days; she would say the bus was good enough—little things like that—I loved him but something held me back—feeling I couldn't overcome—if he took me in his arms, nothing could be sweeter—but I couldn't make any advances to him—I repressed my feelings towards him, I don't know why—feeling of fear underneath it all—always under a tension when with him—feeling I might do something that might displease him—never wanted to get in his way. It seems when mother wouldn't have me any more I turned to my father but I still felt I wanted her—and though he did lots of things I didn't like I turned to him; then something happened—if he had returned my affection I could have turned to him always (identification desired)—but I didn't get it and couldn't make any advances to him, so I just began to make a world of my own—had my own ideal father and mother and loved them inside (narcism) and then things began to pile up and each year got bigger—it was like a boiler that got full and had to burst—I went on craving an ideal mother according to my own pattern, always trying to correct mother, wanted to make her perfect—not so much concerned about dad—excused him—the craving for the ideal mother is still there. When I went to dad, he was always good and kind to me. But mother, she had to interfere with me there. She took such privileges with him, sat on his lap and kissed him, things I wouldn't dare do, although I wanted to. And everything in the house had to be just as she said. Everybody waited on her. Dad gave in to her all the time. If any question in the house had to be settled everybody had to wait to see what she would say. If we were going any place, she had to decide; nobody ever thought of *asking me*. (Note narcissistic omnipotence of child of three years). I resented my mother being so happy with him. She didn't act the same with me, not so indulgent, and I began to pick flaws in her. I can see now that all

this was brought about by my disappointment in her, that she began to leave me out of things and I began to realize I wasn't everything to her. Then I began to think more about dad and place my confidence in him and trail after him, but she was always interfering and taking him away from me. Then I began to live a world of my own, and that was the time I began to build a phantastic (narcistic) world."

Thus we see the main desire of the ego libido is to preserve and make complete a unity of the individual as a whole. The narcissism is a protective upbuilding of an artificial and ego pleasure conceived world, ever at warring odds with the real or outer world, yet serving as a protection and stimulus to the striving of the personal effort to realize its own world of reality in place of the larger or universal world. Thus we have the tragic and dramatic conflict of the unconquerable soul of man forever trying to subdue an implacable fate. What manner and how far he is able to do this is the main province of the ego libido. The stresses entailed in its operation and finally in its failure to accept a reasonable resignation or a proper adaptation to these stresses bring out the need for deeper and deeper regressions as shown in the varying intensity of neurotic and psychotic forms of the ego neuroses.

This same patient gave the following phantasy of the anal erotism in formation and the transition to adult repression of this infantile period:

"Baby is lying in crib—old fashioned crib—rocks back and forth—baby supposed to be asleep by everyone—it's rubbing itself up and down against the sheets—on its buttocks—it keeps rubbing itself back and forth, enjoys it—the rubbing makes a feeling of pleasure—it lies there—oh—as if it's getting satisfaction—the feeling inside the baby is pleasurable—something like when it's in its mother's lap, something nice happening to it—burst of something out of it—feeling of something is—(pauses and expels a good deal of gas)—I don't know anything about a baby—(another pause)—mother scolds it for something it cannot help—(breaks off and turns to analyst)—I don't want to tell it because I can't express it when it has stools—you can't explain it—can't describe the fear or pleasure; it's like the nursing—you can't express the pleasure you get out of it—it's a baby that can sit up and notice things—it had watched its mother change it—a feeling that the mother is standing over it—now a change comes—had enjoyed it so much—mother standing over it—baby starts to do what it had done all its life—mother now shakes her finger at baby—as if she's mad at what baby has done—she would scold baby—felt mother was cross at it—mother would

take baby up—hated the thing that was put on—shakes a finger at baby—points at what she has taken off and then points to the potty showing the baby she is to sit there—a great resentment comes up in baby—oh, because it has something taken away from it, it had as its own.” (Here patient’s teeth begin to chatter; she holds her head with both hands, begins to cry, mentions the word *water* and about ten minutes later was able to resume the phantasy as follows):

“Everything the baby had that is its own is taken away from it—the mother scolds it and tries to take it away from it—(crying)—it seems every time mother comes near baby she is mad and scolds—and the only pleasure the baby had was when it was alone. Baby takes on a nasty attitude—makes up its mind it won’t go on that cold potty. It likes the squashy feeling, when it comes out with a rush. Let it rush itself all over it (patient crying, holding her head)—gave baby a great deal of pleasure and satisfaction, that feeling of softness—rubbing against its body—felt at times as if rubbing soft stuff kind of puckered all up against little body could pretend it was something else—like a—like the little—oh—little place down there—soft, fat, you could pretend it was inside of you—oh I mean that soft feeling—it’s just like when you are up against the breast—flaps up and down against your body like the baby used to pat the mother’s breast, it was nice and soft. The same feeling of pleasure like when the baby used to let the milk roll all around its mouth, it’s like that squashy feeling—liked the idea a whole lot then—mother scolded it—and now it couldn’t do it any more. So baby just had to use the pot, that cold thing, and imagine she was doing the other thing which pleased her so much. She wished and longed for the squashy feeling—softness of something—she used to enjoy that tight feeling around her waist—that was caused by the thing that mother put on—it gave her a sense of security but most of all she enjoyed the feeling of fullness and the rush that the squashy stuff made when it was let out.”

Patient was asked what she made of the above material. After several minutes she said:

“It was so real to me. It was something I have felt all my life, can’t help but have a feeling it was like that. Baby’s stools are soft; if you had never heard about it, it would be like mud that you make things out of so nice and soft; you can take hold of it, squash it; baby’s nursing, stools and urine are its very own; nursing helps but when that goes, the other things give it the pleasure it had before. The diaper holds you kind of secure; kind of a feeling before you were born. It is holding me in; same kind of pleasure as was felt inside the mother; and the thought has come to me now

that somehow I kind of believed the baby down there inside of the mother—it would be natural for it to live on the mother's stools. It seems only natural to have this interest in the stools when the nursing is given up. I think it is connected with the thought I have of finding foeces in my mouth. I always had a great interest in stools; I get great pleasure in having nice movements; take laxatives to feel the burst of the soft squashy movement; I don't flush the toilet, wait until I look at it; to see what's there; get pleasure in looking at it; the ones that are soft are best. The feeling that I'd like to hold them in my hand, and have that soft feeling, like holding mother's breast and squeezing it. Every time before I am going to have an attack I have that compulsive feeling that I have foeces in my mouth; to-day as I was doing the analysis I felt frightened. There was a feeling that I was talking against mother, and I felt as if I wanted to call her to help me. I seemed to need protection. My head seemed to be getting big. I always enjoy taking an enema. For a whole year I took one every day regularly. I used to enjoy filling the bowel up with water and then letting it go out with a burst. I can remember when I was a baby how mother used to give me enemas and the pleasurable feeling I used to have, how good it felt when it all came out. I liked to be all by myself when I took an enema so I could enjoy it without interference."

At the next interview the same subject was resumed. The following material was obtained:

"Baby older now—crawling around chair—standing up against chair—seems to have a craving inside—it doesn't know for what—cries—whines—mother comes in—baby feels good now—stops crying—mother provoked—looks cross and rushes out of the room—baby sits down or rather falls down on floor—something going to happen—something pleasant—feels satisfaction—is getting something it wants—begins to lap its tongue against the roof of its mouth—as this feeling comes out from behind—with this burst—it's like the feeling of the mouth full of milk, swallowed all at once; baby squeezes itself tight; wants to lie down; starts to laugh; squeezes its little hands—wants to tighten itself up—mother comes in—looks at baby indulgently—baby doesn't look at mother—mother doesn't mean anything to it now—it has that happy feeling in its mouth and down there where the rush came out—those sensations make it so happy—mother begins to frown—she must know—she's found out—she kneels down—picks the baby up—says 'Bad baby'—shakes finger—baby's feelings go right down—nothing is good now. Mother takes tightness off of her. Baby chokes up—doesn't care about mother—has a feeling it is going to get what's in that

and as mother takes the tight thing off baby puts her hand into it, grabs it,—oh—sensation same as when it came out of her—mother grabs baby's hands—scolds baby—slaps her hand—naughty baby—baby angry—wants to kick, claw or do something—once mother smiled, now she's cross, slaps baby, baby is now afraid, something has been cut right off her, nothing matters now—something has been taken away—baby now afraid to do what she wants—baby cross and never laughs any more—doesn't want to laugh—represses the desire to have the burst feeling—slap on hand reminds her—she is pouty, sad, doesn't cry—uses the potty—but when she is alone just phantasies she is having the burst feeling—.”

Following this phantasy she gave considerable material relating to her interest in stools and toilets, how she used to play with mud and sand and water, mixing them up in the consistency of the soft stool and getting a great deal of pleasure in squashing it about with her hands. She recalls how her mother used to follow her into the bathroom and how she got the idea that her mother was trying to take away the pleasure she got in having stools. She recalls the desire to see her father's stools; her aim was to get one like he had. She thought that if she had a nice round one she could fasten it on herself and then have a penis like he had. She thought the mother followed her in the bathroom to prevent her from getting one like father. As she grew up the desire was strong to talk to girl friends about it, but the thought of the slap on her hand always prevented her from being free and speaking out her mind. So she began to sit down by herself and think it over, about the shapes of stools and how to get one the right color; she began to distrust her mother who used to ask her if she had been to the toilet, and who used to tell her she'd be sick if she didn't go; she thought mother wasn't telling the truth but was trying to find out her secrets; and many times the mother would come in the bathroom and flush the toilet before the patient had time to look and that used to make her furious.

During the next interview the patient gave an elaborate description of her desire to peek into closets, waste baskets, etc., always hoping to find something, picking things out of waste baskets, saving them, hording them up, and having no real reason for doing so.

The material that follows is the final and more intensive phantasy formation of this patient which brings up the most deeply repressed living experiences. It is an illustrative phantasy of the birth trauma. Curling herself up and covering her head with the blanket she began:

“Can't be called a baby yet—everything is beautiful—and sweet—live inside of mother—never dream of anything but happiness—

there is an even pressure all around—the pressure feels so good—surrounded by love—and then one day—very suddenly—she begins to feel herself being pushed—before she always had room—now she is being—started to be—pushed—can't see—just goes into place—closed up—very terrible—frightening—all so strange—that nice even pressure is gone—a lost feeling—is present all through her—very slowly she starts to turn into a baby—she is still being pushed along—into a very narrow—(sighs)—reddish black place—she's frightened—does everything she can to push herself back—but something more powerful pushes it outward—through the reddish black place (sighs)—until very suddenly she finds herself into this brightness—she blinks—can't see at all—feeling of—Oh, what's happened—head just out—rest of body inside mother—baby feels brightness awful—can't stand it—tries to get back—even that dark narrow place where it was so reddish black—was better than being out in this brightness—that place wasn't so bad compared to this—something against it—is pushing baby—baby is lost—*begins to feel something against the mother*—it cries—it's mad—frightened—hates the mother—it could do anything it is so mad—next it feels itself in someone's arms—it begins to lose the fear and hatred—it cuddles up—the pressure of arm about it—so close to mother—the thought comes to it—maybe it will go back again—it will go back—the pressure of the arms—being held so close—all brings back to it what it once had and was so beautiful—Oh—now it's taken away from the arms—from the soft part—again—and all it does is cry—and cry—and cry—Oh—(sighs)—I guess—(expels large quantities of gas)—I guess—that's all I can do—(more gas expelled)—I had feeling of—oh dear—the calm of seeing the baby inside—I felt all right at first—and then when I started to get towards the end—I felt myself getting upset—Oh—the thought came to me not to talk any more about it—I'm sick—I don't know any more—about it—it was so peaceful—and then you had to fight so to get back—it's fight—fight all the time—the peaceful feeling when inside—you hope you are going to get back—and then it all goes bad again—when not in mother's arms—I can see it all very plainly now—I have never wanted to grow up—always wanted to be a baby—it makes me feel so terrible—I resent so being born—never wanted to be born—wanted to go back—that is terrible to think of—the attack must be that—going back—or fighting to go back again—the battle I have to fight to grow up and keep from that part of me that wants to go back to the life before I was born—.”

The next instance is that of a narcissist manifested in a dictatorial and overbearing personality of a middle-aged man, whose idiopathic

epileptic attacks first appeared at the age of seventeen. Both at work and play he shows quickly changing moods: He resents any real or imagined lack of consideration towards himself. The most trifling incident, provided it is one in which he feels slighted or ill-used, is sufficient to send him out of the room in a rage. In these moods he loses all self control and gives vent to his feelings sometimes in abusive language. On the other hand, when content with himself and his environment he is cheerful and likable.

Example 3. (Mr. D.) (This content of the nursing period is given in a low monotonous tone, indicating a state of satisfaction.) "Mother takes baby in her arms—baby seems to like that somehow—mother seems to hold it nicely—it's nice and soft in her arms—mother thought a lot of it—seems to be against the breast—likes it pretty well, contented—likes the feel of the flesh—satisfied—seems to go to sleep, and is put down by mother—wakes up after a few hours—seems contented—then gets lonesome—(patient frowns deeply, presses his thumb and index finger against his closed eyes, his tone becomes mildly annoyed and his movements are restless)—wants someone with it—begins to cry—no one comes—get mad—hollers—kicks—screams—and then mother comes and picks it up and it is all right again."

"The baby didn't like the bottle—they had quite a time putting the nipple in his mouth—seemed hard—didn't like the feel of it—gets awfully mad—fights—wants his own way again—but they don't seem to give it to him this time—they don't seem mad at him—they don't spank him, but still they seem to think he ought to take this bottle. Baby looks at the mother a lot—he seems to get the idea that the mother knows what she's doing, and that it is right for him to take it—and he tries a little of it—it doesn't taste so bad—but it hasn't the same feeling as the skin had when he was nursing—he's still mad, and he doesn't take much of it—I guess he took it because he seemed to think his mother thought it was good for him. Seems as if this baby is a pet—seems to want to be in mother's arms all the time. I always get a picture of this baby being boisterous and mad—mother picks him up and he is all right—he seems to want his own way—he shows off when company is about—I can see him now, dancing up and down in front of the company one minute, and the next minute he's mad—I guess it's because they don't notice him enough. This baby seems to always want his own way. I can see it now. It's in a carriage. The mother is pushing the carriage back and forth, and the baby likes it and goes to sleep—(contented and happy emotional affect). After awhile he wakes up. He thinks somebody ought to pick him up right away. (Tone of voice changes

at once to louder, annoyed tones.) But nobody does. He seems to think that people ought to know what he wants and do it for him. He gets mad because they don't come at once. Then he cries and hollers and by that time mother goes over and picks him up—he quiets down, seems to be all right for a few minutes—now he has an idea he wants to get on the floor—nobody seems to let him down—and he has to holler again and squirm a little bit—and now they let him on the floor—once more he seems to be all right—now he is looking over in the corner—he thinks he sees something—he starts to crawl over—something is tugging at his back, holding him—he hollers again—finally they let him go, and he crawls along until he gets to the place—he looks at the spots on the floor and seems contented when all of a sudden he seems to think he ought to be picked up—they don't seem to understand what he wants—and he seems to feel that they should know what he wants—that's funny because he doesn't tell them—(understanding seems to creep in here)—he can't tell them, but he is mad just the same because they don't know and he hollers until they do pick him up—and then he is all right again for a while. That's the way it always seems with this baby—he always wants his own way. He has a very bad temper, and if he can't get his way he gets mad. He always thinks someone should be doing something for him.”

At this point the analysis ended. The patient sat up and had a dazed expression. He kept pressing his thumb and forefinger against his closed eyelids. In low monotonous tones somewhat fearful he said: “I can see that I'm that baby. That's the way I've been all my life, always wanting my own way and fighting when I couldn't get it, always demanding that people think of me and give me attention and being unhappy and disturbed because I didn't get it. Now here's a good example: I sit all alone out on the lawn while the others are dancing in the gym. I feel mad inside, I think they ought to come out and invite me in. They don't do it and then I feel that they don't like me, they don't want me, and I get mad inside, just like that little baby. But why should they invite me? If I want to go in why don't I go? It is up to me. I can see that very plainly now. Another instance is the way I used to act towards my brother. I used to think because he was in the firm that he should make things easy for me and I would find fault because I could not be advanced and given more money and treated as I thought I ought to be treated and of course I never got it that way so then I found fault with my brother, complained to my mother about him and would get all upset and blame him for the very things that I myself used to do. Now I can see that that's all wrong and

I feel that when I get out into the world again I am going to be able to look at things in a different light, more grown up."

A letter from this patient after he had spent part of the summer looking after a number of boys at a summer camp states that he is happy and contented and has not lost his temper once. He has a feeling of confidence that he is getting better and inquires cheerfully about all his former companions and hopes that they are gaining the insight the analysis gave him.

The following verbatim account recounted by a hypochondriacal epileptic of a severe and chronic type is given, first, to show the so-called objective phantasial recall shot through here and there with vivid emotional instances of subjective identification with the infantile life. This young man has been under the phantasial recall method but a few weeks. The first part is still from childhood memory and only in the latter part do we see the picture of an infant actually nursing, especially noted in the second session. Again, the indication of painful transition or weaning from the diaper is shown in that he is again "torn away from the close side of living," etc. The anal erotism of this patient was very marked. Note also the patient's comment of the beneficial effects of this form of analysis is cloaked in the terms of the mother identification period similar to the state of bliss in the nursing act itself. While the primary narcissism is greatly responsible for the incitation of the hypochondria, the successive inductions of anxiety, the successive protections of the ego remnant, a continued parting from the child's outer world reinvoked renewed accessions of hypochondria. In the analysis, we see the analogic facsimile of his adult hypochondria as shown in his agitated sadness and desire for that something lost for him, this bliss of the outer world as personified in the maternal attachment.

Example 4. (Mr. W.) "The nursing period is like a big, bright light in mother's arms—no one can hurt the child—great relief just resting there—sure to get perfect rest against this human cushion—(seems pleased and happy). The mother's eyes always rest so softly and kindly upon the child. While she nurses the child I think it is the most perfect time in life—with the mother protecting it against all harm. Have a sense of feeling that the baby is being rocked (low tone). Everything given to the child without asking for it in words—the bottle, and small crackers perhaps—it was the look in its eyes that spoke to them—and they took care of its wants so carefully. Someone is always watching the child, the governess, the mother, and later in the day the father. Oh, how I wish I were back there—those nursery days—the bright room—sunshine—shades up—everyone entered with a smile. (Voice changes to more emo-

tional affect.) Sunshine—health—happiness—all working together. Felt big when I was allowed to sit in a high chair, the grandest part of my life. A bright day—I am playing on the floor—father and mother read and talk not noticing me—I am happy because they are there. The bed is so large—I seem so small when they put me in the middle of it. When I was taught to use the toilet I had a feeling that I was not living as close to my parents as formerly—I was torn away from the close side of living—shock of being torn from something you were fastened to so completely—so sad—I did not think anything was the same—not so much at ease—everything seemed stricter—before I did not have to take the trouble to go to the toilet—everything done for me. My diaper was given such attention—perfect satisfaction. Used to be attracted by the contrast of the diaper and the stool—odor and color. I would have it proved to me that it was awful by expression on mother's face, or the governess—they would turn their heads away when changing, it was so awful (signs of disgust). Then they would say, try to be good and not do it in the pad. Found the toilet more difficult to use than the diaper—holding me on, or someone standing next to me—and so dissatisfied to be taken up. I would always notice the expression of their eyes—it gave me a hurt feeling even before words were spoken, before I was able to walk alone. Mother always kissed me a lot—I started in to like kissing. I was set against taking the bottle at first—I was envious when I heard my parents say how easily my brother took it. It took me some time to become accustomed to it. Mother would say, "Good boy." Whenever she said this it made me contented—but I didn't like the black rubber nipple—I never liked anything black. I felt more contented when the color of the nipple was changed to red. It was difficult to take the bottle—the happiest time I ever had in my life was with my head resting on mother's breast and her arms around me. Just thinking of father as "man"—it was very hard at first to pay the slightest attention to him. Mother gave me the bottle even after I came to the table in my high chair and was having cereal—a small piece of bread and butter—I still demanded the bottle—the affection of my mother reminded me of the bottle—it would give me a great deal of pleasure to have her feed me.

"When my younger brother came I felt slighted (3 years old). I looked with a distinterested air. My parents would say, 'He's your little brother, you must be nice to him'—I never knew what it was they thought I had to do to show him that I loved him—I didn't think of him in a loving way. I used to like to kiss father and it struck me hard when father said not to kiss him any more—I liked

to be fondled by all my relatives—it was said I acted too effeminate—father would say, ‘Be a man’—I used to hug father instead, and later he stopped even that. Envy, jealousy, anger were all easily awakened. When a little boy I remember the great impression that it made on me to hear my parents say I was a very delicate and pale little boy—.

“I think of this form of analysis as the opening of a big secret—I am finding out about the darker part of me. I feel that we are reaching some very important points, but how I cannot say—I am loosening up mentally—my thoughts have changed immensely—greatest happiness—mental ease—everything is going along the finest way—feel so much more satisfied with life with less effort.

Session 2. “A little child is in a room filled with sunshine—in bed with his mother or else in his own crib. This child is nursing—milk is warm and refreshing. Washed by his mother—putting his hands in the water—playing with the soap suds—watching the suds vanish away—such a satisfaction in perfect cleanliness. It has a great desire to have some more of the milk—resting its head on the mother’s breast—a human cushion. The baby turns its head to the left. The mother sleeps on her left side. Things are so comfortable for the baby that it does not have to turn its head an inch. The baby is filled with happiness, joy and contentment, feeling his mother’s arm around him—comfortable position, just lifting its eyes and seeing its mother’s eyes looking directly at him—fascinated by her smile—a large smile—and kissing the child—a feeling arises in the child—it’s belonging to the mother—a part of her—so many of those pleasant glances and looks—what happiness for the child. A feeling from the time it was born as being a part of its mother always—her arms around the child—nursing at her breast—drinking milk—it cannot be anything else but the greatest happiness for the child—caressed and fondled—so perfect. It sees in the mother’s eyes a happiness, while nursing—the mother’s eyes, her hair—it sees mother’s eyes and forehead and mother’s mouth—especially that smile. It must mean that mother is happy and as mother is alone with the child, the child must feel that he is the cause of this happiness to mother. The child is being easily satisfied—the mother is contented. A little soft mouth and mother’s big soft breast—draining the milk from her breast—her arm—her glances—her smiles. The child tries to return them. Both so relaxed—peace of mind. It must be a pleasure to the mother—give the mother a great feeling of satisfaction—she was the one who brought this child into the world. The mother must get pleasure—the child is so gentle—nursing its mother is so fine it must go on

all their lives. A deep, inexplicable look, and you can look so much deeper into mother's eyes than anyone's else. Others could not see as far and with the contentment that the child can. A deep, unfathomable look—radiant. She puts it into the child's mouth—spreading through the child's entire body from head to feet—the eyes—mother's eyes—the large, deep soft eyes filling me with joy. The child feels that it is surely part of the mother. If the mother just turns her head away from the child for a moment and turns back to it again, it is like an extra thrill—joy coming with just as much pleasure as if the child were being nursed for the first time."

It may be interesting to note that this patient displayed more concern about his mother after this analysis than at any other time. His main conscious concern is directed toward the father. At a recent interview this patient said: "I feel a great change has taken place within me. I can see that all my life I have been over demanding and over exact. For instance, the way I keep my personal belongings; everything has got to be just so. I used to feel that my parents made me this way and that later on in military school it was increased by the rules and regulations there. But now I am beginning to see that there is something within me that has always called for just such feelings and demands. I know I must be boresome at times. I can see that I am very childish in many ways, such as the way I dance, do tricks to gain attention, and make up little rhymes. The people here must think I am kind of childish and I want to get away from doing these things and learn how to be more of a man and act like other people. I am able at times now to go out with the others and do not seem to be so much disturbed if I get a spot on my clothes or my hands are dirty. The time passes quickly while I am working and I don't seem to mind what kind of work I do at all. Whereas I can look back and see that I used to demand that the work be just so before I would have anything to do with it."

The above was said with what appeared to be genuine sincerity coupled with an insight that the difficulty lay innately within himself rather than with his environment. In contrast to the above, when the approaching symptoms of hypochondria appear, the patient loses this insight proportionate to the degree of his hypochondria. At first he will say that his trouble is now coming out in a different way, that it is like a bottle that has gradually been filled up and must spill over and the spilling over is the symptoms. This phase carries a partial insight, which later is entirely wiped out and the picture becomes so clouded that he places the blame upon his environment, and he demands some sort of physical assistance, prefer-

ably something taken internally. He reiterates his symptoms, finds fault with his companions, becomes demanding, until finally an explosion in the form of a mild attack appears. This immediately reduces the demanding attitude but in an hour or so the hypochondriacal symptoms increase with force until the demand is once more brought into consciousness and another seizure occurs. Following several mild seizures the patient begins slowly to reconstruct himself once more and finally reaches the stage where he is able to take up his analytical work and put into practice the insight described.

Although our clinical work by the phantasy method has been in operation for too short a time for us to more than report upon specific subjects and special cases in the briefest and most sketchy manner, we may at this time furnish some random clinical notes and remarks and reserve publication of case material in more detail at a later time. A brief consideration will be given to dysomania. This state was first dynamically revealed that the unconscious conflict was some phase of homosexual masquerade. Even the older writers in the pre-analytic days sensed the real difficulty in allying dysomania with essential epilepsy or cyclothymia, the two disorders which we now know are of narcissistic import and meaning. But in the difficult study of these cases suffering as they do from a deep-seated narcissistic neuroses, the points of specific conflict in the unconscious showed that the application of the principle of homosexuality did not fit all cases, at least not in specific aim. Thus in my material some are solitary drinkers which clinical aspect exists throughout the whole alcoholic career. However, when we consider that the incomplete weaning of these individuals makes for continued narcissism or mother identification the varying regressive points in this state make for a wide range of fundamental patterns of narcissism and this fits all cases instead of the few as formerly.

The weakness and inconstancy of the object libido in these men are not only proverbial but make for an insincerity of analytic transference except by the phantasy method wherein narcissistic transference is requisitioned. Heretofore it has been thought that inasmuch as the dysomaniac is a disguised homosexual his transference to the analyst would be secure and persistent, but in many such the fundamental transference is for the mother, and the analyst must build up mother libido to make the transference stronger. The childlike and engaging naiveté of many alcoholics is as understandable as some of their almost miraculous cures by marriage with elderly and matronly women. The creative artists and inventors are not the sole sublimators of the primary narcissism but the executives and overlords are equally worthy of praise in this regard. The

frequent occurrence of the sadomasochistic complex is intricately bound up with a regressive release from the too intensive inflaming fire of the ego ideal or conscience which later there is an unconscious desire to drown and enables the individual to sink to the lowest social depths. Nor is the physical foulness of the person a mere physiologic mischance. The alcoholic's ego regresses beyond any socially adaptive level of the wetting and soiling infant to the extreme of bestiality. The regressive purpose would seem to desire almost the state before birth in its depth of psychic withdrawal. This is but the extreme diapasonal swing of the rise and fall of the psyche, one of the most profound needs of human nature of which daily sleep is a normal example. Losing the entire individuality is the need of the former. The primitive crudeness of the alcoholic behavior is but the intensive leaning toward all that is socially forbidden, an undifferentiated craving for ecstasy. The desire to transcend oneself also shows itself as a need for forgetfulness. In this infantile or automorphic phantasmagoric world all sorts of memory disturbances occur, power of observation and even orientation are lost. There is finally shown a desire to break the chain of personal history and continuity, a gigantic backthrow of the organism to reintegrate the inherited ego. In the solitary drinker, perhaps the most irreclaimable of alcoholics, one sees the almost entire absence of a reputable or dependable mother and the cycle of good resolutions here is as illusory as that common in onanism. The purely autoerogenous nature of the mouth from a physiologic standpoint, in the use of nicotine and sweets, is much overrated as a final demand. It is the symbolic and emotional release, the recall of the fatigued and world beaten object libido that has left the narcissism so impoverished and uncomfortable. It is more than a disgruntled lament of an alcoholic that makes the external world so filled with ominous hostility before he succumbs to periodic indulgence. Rather, he feels acutely the impoverishment of the ego in a new accession of need for adaptation or a diminished vital vigor to meet the issue. Not a little confusion of the whole problem of habitual alcoholism is accentuated by overcasting it with the *general use* of alcohol which is often exclusively in the service of the social pattern of heterosexuality of a furtherance of the purposes of the object libido. The periodic drinker is, however, now without the pale of the general user of alcohol but his entire problem is so extended beyond that of the latter that the two purposes are often unified, interchanged or exchanged. Furthermore, one should not limit the range of the effect of alcohol upon sexuality

solely but rather upon the whole development of libido in its ego as well as in its identification.

What advantage does the more recent viewpoint afford? It makes obvious the innate fault in the fixation and regression of the instinctive life in the first state of primary narcissism or mother identification. In one of my cases, a well known painter, the primary maternal identification fashions the principles of his art as shown in an exquisite elaboration of sea scapes with a central theme of a benignant sun shedding peace and contentment on a longing world, not unlike the symbolic representations used by the epileptic pharaoh, Ahkmaton, who evolved the first monotheistic religion. In another instance there is an unconscious identification with the mother and an almost deification of the father; both in the analysis and in former deliria the state of union with the mother is shown over and over again. In a third case, whose phantasy follows, the precipitate panic with which he returns to the mother image periodically whenever the questing of reality becomes too onerous, is almost a facsimile of his periodic swoons.

Phantasy. "The boy has now learned to walk somewhat timidly and insecurely, it is true, but effectively enough to have abandoned crawling and creeping. He can talk a little, too: water is 'guinea'; milk is 'cow guinea' (perhaps derived from 'gimme'). Somehow the world as a place of interesting adventure is just dawning on him. To stand up (like father) and walk, gives him a thrill. When he was a baby he was so helpless, so much at the mercy of every circumstance that he could not be happy except with mother. Without mother he was lost. Now he can do things for himself. Mother even encourages him. He feels he is a real person. He is going to be a big man—like father. He isn't a baby any more. Mother says she has lost her baby. He is allowed more freedom, and is fascinated by the delights of exploration. He can follow father out of doors and watch him mow the lawn and work in the garden. Father takes him for little walks, and treats him almost as if he were an equal. It is wonderful. Father is his ideal. He is intoxicated by all the possibilities of this new life. He cannot give it up, dangerous as it sometimes seems (because of course one gets some hard knocks now and then when he is so young). In the meantime a serious difficulty has arisen. You were so interested in your progress that you hardly realized what was happening. Mother herself has become a person like everybody else. You are startled and pained. It is a tragedy. When you were a baby mother wasn't a person, just somebody like grandmother or Aunt Em or even father—she was your whole life. She was all there was of

any real importance to you, and everything was good or bad because she made it so. Now all that is changing. You are afraid. You want mother again, you are afraid to lose her. You run to her full of alarm, crying. She doesn't know what is the matter. She takes you in her arms and smothers you with embraces. You are her baby again. For the moment you want to give up everything just to have mother, just to surrender to her completely. For the moment you want to be a baby again, you don't want to grow up. Mother holds you close and it is heaven. What is anything else worth beside this? But you can't play in this paradise—and when you get on your feet again, so to speak, you know you don't want to. The new world that you are discovering holds out too many delights. You are not going to give it up at all costs. Every now and then the problem gets too much for you, and you have to be a baby again, you have to have mother, but you are now committed, there is no turning back. That doesn't solve your problem. You begin to be even a little afraid of mother, afraid of her love, afraid it will draw you back, perhaps against your will, into the babyhood you have renounced. You build a kind of wall around yourself as a defense against mother. Her love imperils your new world and you will have to shut it out. How can you be a big man like father if you are in constant danger of surrender to the mother's perilous love? Of course now and then you scramble over this wall or break through it, and then you're back in mother's arms, but each occasion like this only shows the need of building the wall a little higher and a little stronger. This is not accomplished easily; on the contrary it is painful, and the wall is never completely effective."

I may summarize the main contentions of my thesis:

1. That from the subjective identification of the child with the mother we have the beginnings of narcissism which in its undue and enduring magic-like dominance entails various narcissistic neuroses and psychoses.
2. That by the phantasy method under a narcissistic transference we are able to recover the psychologically true values of this secondary narcissistic period and thus induce a real insight and sublimation of so much of the narcissism as may be necessary for the well being of the individual.
3. That the illustrative material would show that a successful beginning has been made in the phantasy analysis of all types of narcissistic neuroses and psychoses, including melancholia, dysomania, essential epilepsy, confirmed stammering and in general narcissistic neuroses without specific category.

II. A STUDY OF THE SUCCESSIVE STAGES OF EGO DEVELOPMENT

At the sunrise of life man looses himself painfully from the mother, from the ties of home, to fight the way to his destiny, his direst enemy not before him, but within him, that deadly yearning backward to the abyss of self, to drown in his own wellspring, for engulfing within the mother. His life is an unending struggle for this death, a violent and fleeting escape from ever-imminent night.

This death is no outer foe, but his own and inner longing for the silence and deep quiet of not-to-be, a dreamless sleep upon the waters of creation and passing away.

Even in his highest strivings towards harmony and balance, for philosophic depth and artistic skill, he yet seeks death, for stillness, for satiety and peace.

Should he, like Peirithoos, rest too long in this place of morning calm, stupor lays hold of him, and the poison of the serpent has crippled him forever. If he shall live, then he must fight, and give up his yearning for the past, that he may rise to his true height. And when he has reached his noon-day, then he must again sacrifice the love of his own greatness, since for him there can be no tarrying.

So does the sun spend his fullest strength, hastening onward to the fruits of autumn, which are the seeds of immortality; in children, in work, in renown, to a new order of things—whose suns in their courses once more shall rise and wane.

JUNG.

Introduction. While the difference between so-called normal and abnormal phenomena may be defined as purely a question of degree, in a more specific sense the departure from the normal is an excess or deficiency of vital modes of response which are nonadaptive to the requirements of living. It has become a somewhat trite truism that only through a study of the abnormal may one gain a proper evaluation of the so-called normal experience common to all human beings. The reader is therefore warned not to draw too close a parallalism between the clinical data and the life of the average infant, but an unbiased observer will not fail to be impressed with the importance of the phantasied material of infancy to be detailed.

For the benefit of those who are not yet acquainted with the manner by which the patient's data were produced, I may say that they are the product of my phantasy method for analyzing narcissistic neuroses in which not only the ordinary transference could not be gained but in which the earliest memories could not otherwise be

reached. Of course it is not maintained that the clinical analyses are actual memories. Such a statement would naturally do violence to our knowledge of the immature and inaccurate formation of mental imagery in infancy. But it is maintained that these phantasies throw important light upon the emotional attitudes of the analyzant in his earliest relationships with the mother, and form the nucleus of his character and personality. The phantasies are proven to be psychologically true if not actual memory reproductions, and as such we must view them. The fact that the data are so completely in accord with what we already know of the general laws of the libido theory lends much to its intrinsic value. As Freud stated, the individuals possessing these narcissistic states at times furnish us much material but not in answer to our questions; and it is to these free and spontaneous utterances that our method is found to apply. Federn has pointed out that the phantasy method is a strictly Freudian psychoanalysis although there is a difference in it as compared with the advice given by Freud: Freud states that it is our task to over and again lead the patient from repeating the past to reenacting the past. The patient will relive his past conflicts and desires in the transference with the analyst. By overcoming the resistances transferred to the analyst, recollections of real events come more and more to the surface; the phantasy method succeeds in rendering this superfluous to a certain extent and we are satisfied if the patient reproduces his past in fancies. The difference in the two techniques is striking but it does not affect the essential points of psychoanalysis. So far it has seemed to be the only one which has been able to reach the types of patients who are narcissistic and without the amount of object-libido necessary to establish a transference. Freud said long ago that for the narcissistic neuroses the usual method of analysis would have to undergo some alterations, and just such an entirely legitimate alteration is supplied by a phantasia recall. The patient is not asked to keep fixed hours, and an interview is not interrupted so long as the patient is in the mood to produce fancies. The way to gradually attach the interest of the patient to the analysis and to the analyst, and indeed to analyze these narcissists at all, is to make the rule that the patient shall write down the data produced in the last session before coming to the next. In this literary reproduction of the fancies ingeniously produced, the patient must think also of the one who is to read them, and begins to devote his interest to the task of writing as well as to the questions he has to expect from the analyst. This is a means to develop an interest in the idea of "working" at all. This variation of method is well adapted to the difficulties offered by the narcissistic

cases. In every analytical treatment it is necessary to satisfy to a certain degree those libidinous tendencies and desires the denial of which started the morbid reaction and established the neurosis. This is necessary so that the patient can overcome his resistance against bringing forward into the conscious the repressed parts of his life and of his personality. In the normal method the positive and the negative transference are used to invest the readjustment with some degree of satisfaction. When narcissism prevails, enough of the unsatisfied narcissistic needs must first be met before an analysis can work at all, and this seems to be made possible by respecting the patient as a completely narcissistic person until he has once more lived through the original narcissistic period of his life, producing fancies, behaving like a nursling, but with an attentive listener at his side.¹ The psychological importance of an emotional recall of this infantile relationship with the mother all over the field of the ego neuroses and psychoses has already been dealt with in Section I. It will therefore only be necessary to give a brief summary of the main principles in ego development.

There is a sense of omnipotence in the new-born child carried over from the absence of desire which the foetal life promised. The tender care given the child at birth and for some time following still permits him to continue this feeling, especially if he adjusts to certain simple demands of existence. As the weaning process comes more to the fore, he arrives at the position of imagining a state of omnipotence, inasmuch as through certain magic signals he is able to control his immediate outer world. Very soon, however, he reaches a stage of development where he realizes that there are certain external factors beyond his control and he separates his personal wishes and desires from this uncontrollable reality. The habit adaptations to social demands call for more and more renunciation of maintaining an isolated self and the child is compelled to recognize reality and his subordination to it. As he grows older the outer world requires him not merely to take a logical view but that he shall assume an obedient rôle to these external realities which cannot be brought under his wish control. Situations continually arise where he must act against his own desires, even to the point of great personal sacrifice. This whole principle of development of the individual child from the most primitive state to that most highly required by social custom is brought to fruition under the constant guidance of the repressive forces of society (educators). Thus

¹ Discussion by Dr. Federn of my paper presented before the Ninth International Congress of Psychoanalysts, Bad Homburg, Sept. 3, 1925.

there takes place a continual procession of identifications with the social agents requiring repression, the withdrawals from such identifications, and the formation within the child of individual patterns of identifications which form the different selves aggregated in his own personality. In the course of this development the ego ideal continually demands more amplitude with renunciations of these identifications and is, according to Freud, the "ego nucleus" which behaves as the subject, taking as the object of its criticism the remaining ego that is largely narcissistic and is the beginning of conscience, the censor by which reality is tested, etc. Every new capacity which one attains means the fulfilment of an ideal; there is an increase of the feeling of self regard and an enlargement of the ego stature which had been on the point of being greatly diminished through the unfulfilled ideal standards. A corresponding development can also be held for the object libido, which also must pass through certain educational repressions, and though the discipline is not as severe and rigid, it must at least learn to avoid gross sexual defects (incest, etc.); therefore even the object love must be "just to the ego" and must conduct itself in accordance with the views and benefits of the narcissistic self respect. In brief, this is a one-sided consideration of certain developmental phases of the ego with which we are immediately concerned. These identifications are everywhere patent in the child's relationship with the outer social world. With equal simultaneity they are being made and withdrawn from the identified object. The process of withdrawal permits the individual child to form aggregates of characteristics which either may remain loosely knit within the ego nucleus or be absorbed into the total ego formation as established components of it, and as such may form the basis of reprojection of imagined (hallucinated) objects which are the personal creations of the individual. In a case where these identification characteristics are but loosely held in a non-assimilable aggregation, we say the individual has not properly integrated his character and at points of new adaptations he is easily panicked or stampeded back to the maternal identification. The essential nucleus of this primary identification, it will be remembered, is the death impulse or the life before birth. The growing stature of the ego demands that these identification attributes shall be properly built into the individual child's ego. There are two essential factors to be taken into account here as well as elsewhere: a due amount of sensitivity or demand for identification, and an equal desire and ability to absorb the identified attributes. If the individual child is to have a high degree of creativeness including his own ego, he must still further be able to fashion his own projected

imagination and still more endlessly re-identify himself with these projected self attributes of his own creation. Unfortunately for most, the individual child is able to make but one vivid identified projection of his primary identification with the mother, hence his creativeness is circumscribed to his one personal relationship. Fortunately, however, if this one only is well integrated, his character formation, although perhaps not very intricate, may nevertheless give him sufficient capacity for useful and healthful living. As an anti-thesis to this we may expect that the creative artist or the inventor will often possess a loosely knit and poorly organized character in the commonly accepted sense, for he early disorganizes his various identifications (real and self projected) and fashions these into verbal or pictorial creations. In proportion as they are "near and dear" to him he will be loath to withdraw them and their loss will constitute a virtual castration. Hence they are often spoken of as "creations" or "children" of his brain. The average successful individual is therefore one who gains a proper integrative balance in absorbing these identifications clothed or invested by a transition through his very own ego, and yet such reprojected identifications shall not bear too heavy an imprint of either the primary identification or his own personality. This may give his productions a certain universality of appeal.

Many phantasiaal reproductions of birth and even the life before birth have been recorded. There is such a strange similarity in them all that one is impressed that there is some degree of validity in the common experience. Haviland² cites the following written by a young man of twenty-three as follows: "There was a strange state, half dream, half fancy, into which I would fall at night and in which I frequently found myself wandering in the day time. It was more than a dream or a fancy, or even a vision, for it was very real, singularly vivid and always the same. I would find myself, seemingly of immense stature, walking within the inner surface of a gigantic transparent sphere which floated in the heavens. The singular fact was that I always was at the same relative distance up from the bottom, and at the same relative height within the sphere, walking within it by travelling in an upward spiral, at a position corresponding to the Antarctic circle of our own world. The sphere seemed to me made of rubbery crystal matter, soft to the feet, and through which I could look in all directions and see the planetary systems, each in its place, and possessing its own color. The crystal within which I walked was of a yellow hue, as well as many others

²C. M. Haviland, "An Autobiography," *Psychoanalytic Review*, Vol. 8, July, 1921.

which were pointed out to me by my guide. I spent much of my time within that crystal planet, it became a refuge—I would fly to it for rest when I was annoyed or tired, it became a literal hiding place. Then, as I became more and more attached to the scheme of life, the wonder-sphere slowly vanished from my dreams and waking consciousness, never to return in its old force, or, indeed, as a positive real part of myself, but only as a recollection, a fragment of which has clung to me until now.” Again, the wonderful completeness of the emotional tone of the phantasia life before birth is shown in a number of my cases, of which the following example is a brief instance: “During the analysis, as I attained a state of physical and mental composure, all thought processes seemed to cease. A thick, velvety darkness seemed to settle down over me. My whole being was permeated with a delightful sense of warmth and comfort. There was no localized physical feeling. There was no differentiation of the parts of my body. I was a complete whole—warm, suspended in inky darkness. I was conscious of moving but the movement was accompanied by absolutely no effort on my part. It was a smooth swinging motion. There was no emotional feeling, simply a state of heavenly comfort, warmth, motion, no effort. Then a sudden feeling of cold. The velvety darkness was gone. I was being moved but it was so different from the other motion. I was conscious of something rough and cold on my body—hands, I suppose. I was uncomfortable—I seemed to want to protest against the light, the handling. I cried.”

That the process of expulsion at birth is extremely painful is presented in the beginning of our clinical text to follow.

In studies dealing with character formation one is impressed that most of the objective data collected are static formulations, and that only the moments of a change in the child's attitude are given constituting a sort of mosaic pattern of response. As thus portrayed, the life of the infant as a whole lacks continuity; it is not seen as a continual flow of emotional reactions consonant with the adaptive life process itself. This continuum is, however, met in the libido theory which postulates a feeling and attitude on the part of the infant from the first day of birth, and this motivation of energy flows through all the life reactions and is essentially the integrating force of all behaviors. Nevertheless, as a preliminary to our subjective phantasia recall of the beginnings of consciousness it is desirable to give the objective factual data upon which we may construct a background for the material we shall present. Both forms of data are equally important, and who shall say that they are not equally trustworthy?

The Mental Life of the Fetus. The only objective information we possess concerning the fetus is the contractions of the muscles of the extremities, the fetal heart sounds and the phenomenon of fetal hiccough, due presumably to rhythmic contractions of the diaphragm. Everything else must be deduced or inferred from outside facts. For example, we can draw inferences from the histology of the cortex, from the behavior of the new-born, from the same in young animals, etc.

There is reason to believe that the fetal muscles begin to contract from the moment of their development—just as soon as contractile tissue has been formed. Some authors place the first contractions at twelve weeks while they have been seen at sixteen weeks. They might occur before they become sensible to the mother or examination by the physician.

Flexor and extensor contractions of the extremities are usually termed spontaneous or impulsive, to distinguish them from other forms of movement. They are the only type of fetal movements except the automatic activity of the heart. We really know nothing of them beyond the fact that once they have become fully established they increase in number and force until delivery. That is, this is all we know if we follow the child studies of special writers. But a study of obstetrical authors gives us data not found in the first class of works. Thus fetal movements are sometimes absent although healthy children are born, and after movements have been established they may cease and yet healthy children may be delivered. Naturally on fetal death the movements cease. Writers on child study vary in their opinions of these movements, for while some believe that they are without significance others regard them as an instinctive gymnastic exercise to prepare the muscles for extra-uterine life. Obstetricians, however, note that they often result from sensible causes. They are increased when the mother fasts long and if a morphin addict has the drug withdrawn they become violent. The view that the movements are associated with the nutrition and growth of the muscles is a variation of the other physiological hypothesis that they are due to the instinct for exercise. The testimony of obstetricians to the effect that they are, especially when violent, a reaction to some internal disturbance appears to oppose an exclusive physiological theory. They may be the only form of protest that the fetus is able to make. But the fact that they are at times quite lacking tends to antagonize almost any theory.

According to the testimony of the obstetricians the force and frequency of the fetal heart beat may undergo temporary alterations, the causation being quite obscure. As far as we know none of the

movements nor their modifications can be associated with the cortex, for they occur presumably and actually in brainless fetuses. This does not mean that the fetus is entirely insensible of their existence, which is something quite different. The mental life of the fetus as objectively viewed is entirely speculative. It is certain, of course, that the fetus inherits certain latent instincts and propensities which will not be manifested until a varying interval after birth and that even the undeveloped state of the cortex does not militate against this hereditary element.

A review of child study authorities appears to show that there has been a serious gap which might be easily remedied. This is the study of viable children before term. We know of no studies on prematures although such may exist. There ought to be seven and eight month prematures for study and even before that period children may live for a short time. It seems singular that there should be studies on anencephali yet none on prematures, and the latter might give us a slight inkling into the mental life of the fetus in the last two intrauterine months.

The fetus is said to have no active instinctive life unless the muscle contractions partly express an instinct for activity. Writers on idiocy like Sollier seem firmly convinced that violent emotions in a pregnant woman may result in the birth of an idiotic infant, but no mechanism for such a causal association can be imagined. The influence of maternal impressions on character in the child are even more elusive.

From the behavior of the newborn it has often been inferred that the mental state of the fetus is one of continuous sleep or semi-somnolence, which if true would militate against the possibility of perception although unconscious impressions could be made on the sensorium as in the case of sleepers in general. Sleep may, of course, be classed as an instinct, which would make two instincts—of sleep and activity respectively.

It is believed that the first consciousness of the fetus must be affective—comfort and discomfort may be perceived before the associated cause of the sensation. The fetus should have two active senses, viz.: muscle sense and kinesthesia of some sort, and according to some, sensation of pressure on the gravid uterus by change of position of the mother. The fetus presumably takes a sort of comfort in contracting its muscles, but on the other hand its movements are doubtless much cramped by the small space, as shown by the fact that after birth the infant kicks freely in a way which would be impossible in utero. We do not know, then, whether there is comfort in kicking per se, or discomfort because the movements are restricted.

Kicking may be evidence of pleasure and displeasure alike and we have already seen it is sometimes a protest against hunger (aggravation of movements in fasting women).

Consciousness in the fetus has been likened to chaos, or to a blank page, and we can only conceive of a mixture of muscle sense, pressure on the skin at times, possibly a sense of its heart beat, and certain feelings if its nutriment is deficient—which cannot often happen because the fetus being a parasite “gets his” even if the mother suffers. Severe maternal experiences which cause fetal death should be experienced as discomfort. It is assumed that if the fetus has the power to sense things the perception of relations is essential to consciousness. Several authors using ordinary metaphysical arguments speak of a background as essential to the latter. Nothing can be sensed in the absence of background. Owing to the extreme poverty of the content of the fetal mind Rasmussen speaks of fetal consciousness of “gray on a background of gray.” There is, of course, no possibility of vision, audition, smell or taste or of some of the tactile senses. Unless the thing sensed can stand out on a background we cannot speak of consciousness at least as we know it. Another element of which there may be a sort of consciousness is the sense of rhythm, of repetition and sequence. This is mentioned by Canestrini. Still another element of relationship is found when something heretofore present is lacking. All of these relationships, background, rhythm, and absence might possibly be present in fetal life if there is anything at that period which can be called consciousness. It can hardly be supposed that the fetus has any conception of self-existence separate from the mother. Any further data on the subject must come from the psychoanalysts in the form of prenatal memories, presumptive contentment with the intrauterine life, the warm surrounding medium and freedom from rough contacts, the pleasure of fetal movements, etc.

Consciousness During Labor. The subject of consciousness during labor is practically ignored in child studies although it is frequently mentioned by psychoanalysts in phantasia data. As labor may last for many hours there is abundant time for mental impressions. During the long first stage, if the waters have not broken, the dilatation of the cervix should hardly affect the status of the child. Apparently the latter is inactive after labor sets in although this cannot be due to the rhythmic contractions of the uterus, for owing to the presence of the amniotic fluid these have no action on the child. In cases where the waters rupture early the uterine contractions even in the first stage should be experienced, especially by the fetal head which is greatly compressed with increased risk of

asphyxia and intracranial hemorrhage. Unfortunately there are no data as to the children of these labors and of dystocic labors in general aside from figures which have shown that idiocy, epilepsy, etc., are not dependent on them to any marked or constant extent, although conceivably these might be a minor factor in the production of subnormal mentality. The molding of the head in the second stage of labor is physiological, except when aggravated by forceps, narrow pelvis, etc. During the sojourn through the maternal passages the status of the child does not differ from the prenatal status save in a few particulars. The sense of pressure must differ widely, the uniform pressure of the amniotic fluid giving place to the direct and strong pressure of the uterine muscle and the bony canal. The presence or absence of pain is an unknown quantity but at least there should be a feeling of discomfort or displeasure, which, however, there are no means of expressing but which ought to be reflected in the facial expression. Data on this subject are not obtainable. When the circulation of the cord is impeded or cut off entirely we may imagine a sensation of intense discomfort quite unlike that of the mechanical compression of the skull and brain. The rhythm of labor, the alternate advance and recession, the rhythmic compression and relaxation ought to register themselves in the fetus. Speaking generally the kinesthesia of labor should differ radically from that of the prenatal state, through the mixture of pressure sensations, pain or discomfort, interference with the circulation, the presence of rhythm, etc.

Of great interest are the phenomena of prenatal respiration and the precocious attempts at respiration in labor with the occasional appearance of the intrauterine or intravaginal cry. According to the leading authority on the fetus, Ballantyne, rhythmic contractions of the fetal thorax occur in utero before labor, which can hardly be anything more or less than precocious efforts at expansion. It is therefore not surprising that similar efforts only more pronounced occur in the midst of labor and in rare cases are recorded. They were termed by old time accoucheurs the "vagitus uterinus." The phenomenon shows that neither the contact of the skin with the atmosphere nor the first inspiration of air is the sole agency in producing the initial scream. The different course of labor in breech deliveries might be a factor in the psychology of the infant and its character peculiarities, but as far as known no studies of such children from these viewpoints have ever been made.

Change in Mental State at the Time of Birth. The surface of the infant comes into contact with air which is probably at least twenty degrees cooler than the temperature of the maternal tissues

and often much more, while at the same time the first inspiratory effort takes place, followed by the expiratory scream. Later there is contact with the bath water and the frictions with the soft rag and towel followed by the contact of the clothing. For the first time an object is introduced into the mouth and the lips feel the contact of the nipple which sets in motion the suction reflex. The infant now tastes the sweet, warm milk which is presumably agreeable as is also the contact of the warm bath water, but little lower in temperature than the amniotic fluid and often the same. However, the general reaction to the first bath is one of fright or astonishment, possibly also of discomfort from the multiplicity of sensations perceived by the skin. The infant also experiences the first sensations of the passage of urine and feces. Other special sensations are those of light in general, with a darker background, and of various objects in motion. Hearing and possibly smell do not at first contribute anything owing to amniotic fluid in the external ear, and because the only object to smell is the breast. The muscles, which have always been restricted in their movements and during labor are quite inactive, can now move about freely and this probably gives the infant pleasure. Peristaltic action begins with feeding and more or less air gets into the alimentary canal. The regular contractions of the stomach aid the digestion when milk has been taken, but when the stomach is empty cause the hunger cramps.

It is evident that the discomforting and agreeable sensations are commingled in a chaotic fashion in the first moments after delivery. Moreover the infant misses the old habitat in the uterus and is acutely aware of its loss.

The question might be asked whether the experiences of the infant in utero, and during labor, in which rhythm figures so largely, have not already given it at birth a sense of time, of past and future. During intrauterine life the alternation of day and night may be sensed through the alternation of activity and quiet of the mother. During labor the pains with their alternate compression and relaxation of the infant's skull at regular intervals, must lead to memories and anticipations. After delivery rhythm is in evidence in many ways.

Before delivery we know only of two instincts, to sleep and to be active, with the automatic activity of the heart (possibly also of the thorax). The instinct to suck is soon added, this being more than a mere reflex because there is an added instinct of satiety which is a part of the whole feeding act. The act of swallowing is another element in the same act. Breathing if not already present as a rudiment before birth now is in full evidence and, as already stated,

rhythmic contractions of the stomach, whether filled or empty, are added to the automatic activity of the heart.

Despite the great changes in the kinesthesia and internal sensations as compared with intrauterine life the act of nursing apparently renders the infant unconscious for the time of discomforting sensations, and the pleasure of moving its limbs is believed to act in the same manner, whence it has been said that the small infant has the faculty of attention and concentration. During nursing the infant's limbs are mostly quiet save that it usually wriggles one hand as a sort of associated movement.

In utero we hardly know anything of reflexes, but these appear after delivery in connection with feeding, excretion and closing the eyes to light. The pupillary light reflex also appears. Since the just born infant cannot coordinate its eyes every object seen at all must be seen double and all objects are seen without perspective so that near and far appear at the same distance. Whether objects are seen inverted cannot, of course, be told but seems probable. As already stated bright light—light spots—are seen first on a darker background and moving objects on a still background.

The just born infant sleeps chiefly, rousing to nurse, so that its mentally active life is limited to not over four hours in twenty-four. On waking it stretches. The movements whether spontaneous or induced as in the warm bath are sluggish at first. Facial mimesis expressive of comfort or discomfort is present, seen at the highest in crying or rather in screaming. There is at first little coordination in the muscular movements of the two halves of the body. The eyes move about in the orbits but without coordination, the strabismus being very evident objectively. Anencephali need to be roused to nurse, do not cry and show no facial mimesis, but nurse normally. Sucking is usually called incomplete at first and in many must be learned but is soon mastered. It requires airtight application of the lips to the nipple, a rhythm of muscular activity, coordination with swallowing and nasal breathing and an inhibitive mechanism which works when satiety has been attained. Of instinctive behaviors which are induced, authors mention a phototropism through which the infant turns to the light and a movement towards the finger which touches the cheek as if the infant were seeking the nipple. This slight rotation of the head is called by Stern the instinct of attraction and is present at birth. Since content and discontent are plainly evident from the start, it is believed that there is a sort of consciousness which is largely affective and based on pleasure-inclination and discomfort-disinclination, the former accompanying nursing and muscular contraction and seeing light and the latter the

majority of the earliest contacts. There are feelings of hunger, satiety, freshness and fatigue.

The muscle consciousness of the infant comprises the movements of the limbs, respiration, crying, sucking, swallowing, shutting the eyes and opening them, turning the head, defecation, urination, etc. While purposive grasping does not come for a long time there is a reflex grasp in which, however, the thumb is not opposed to the fingers. The new born infant probably knows the difference between lying in its crib, being held in the arms and being carried, and between the prone and supine positions. In all of these there are differences in pressure, the action of gravity, etc.

In a special category are infants born with asphyxia and reanimated. These infants are subjected to more or less violent manipulations; they are swung at arms' length, subjected to traction on the tongue, artificial respiration, may be tossed high in the air and caught, inverted, etc. We know of no systematic study of this type in reference to their behavior when first reanimated and later—whether their behavior differs in any respect from that of the normally delivered infant.

Koffka does not subscribe to the chaotic or mosaic consciousness believed by many to exist at birth. The infant even when many months old is not confused by seeing a great variety of objects together but concentrates on some one object, because bright or moving, etc. He believes that the infant is attracted by the contour or pattern of an object, paying little attention to detail. This pattern by contrast looms up on a background.

The majority of the behaviors of the new born infant are best discussed from the standpoint of progressive adaptation and development. Having devoted sufficient space to the reactions of the just born the subject will be continued under the early efforts at adaptation.

The Period of Adaptation of the New Born Infant. The new born period is conventionally fixed at about two weeks, during which time the infant is believed to get finally adjusted to the new media in which it lives. However, this period can be made to correspond to the interval during which the infant leads a somnolent life and arouses only to nurse, be changed, etc.—in other words as long as it leads a vegetative or spinal existence. It is denied by some that the infant is fully awake until it is able to receive numerous peripheral impressions. The statement that the very young infant sleeps twenty out of twenty-four hours may not be exact, but while engaged in nursing it is doubtless at least partially awake and conscious of the pleasure of this function and of the taste of the milk itself. The

vegetative period is generally given as about two months and by the end of this period the infant is receiving sufficient peripheral stimuli to keep it more and more wakeful.

From the start it moves its limbs much as it did in the intrauterine period but with increased freedom. Despite the alleged backward state of cortical development it is believed that the infant is aware of the movements and takes a kind of pleasure in them. The movements occur especially when the child is being bathed, changed and otherwise tended, and at such times it must be as nearly awake as is possible through the action of the peripheral stimuli to the skin—the warm or cool sensations of the water and the frictions of the wash cloth and towel. In addition there are present from the first, and often many times daily, the sensations of urine-drenched napkins and the soft feces. These contacts are at first warm but later may become cold. In regard to the affects the sensations may be pleasurable, indifferent or disagreeable and in the latter case the infant will show its mental state by waking and crying or screaming. The desire to move the bowels and the act itself may sooner or later cause the infant to wake.

In keeping track of the consciousness of the very young infant it is necessary to bear in mind the pleasurable and disagreeable sensations, and the rhythms and alterations. Hunger pains which are disagreeable and cause crying alternate with the act of nursing, the pleasant taste of the milk and the sense of repletion. The passage of urine and feces when perceived is pleasant both in the consciousness of relief and the warm contacts, but later may bring discomfort from the sensations of cold, irritation, etc. Taking off the clothing and the warm bath should cause agreeable sensations, while dressing and applying napkins may be disagreeable from the rough contacts and limitation of motion. The infant takes pleasure in kicking and restriction of motion is unpleasant. The question arises in connection with these experiences in sensation whether the infant is conscious of the sensations as such or of the affects which they produce. Does the fact that it is a pleasant or unpleasant experience rob it of all distinctive character? Apparently not, for authors state that the cry of the child differs with the nature of the distress. The cry of hunger differs from the cry of the lonesome infant, etc.

It is difficult to fathom the consciousness of the very young infant as to abstract relations, such as rhythm, sequence, and contrast. The infant must somehow be aware that good and bad states succeed one another—that hunger will be followed by food and satiety, that cold and wet will be followed by warm and dry sensations, that such sequences exhibit rhythm, that crying brings the mother or equivalent,

etc. In this way we see the inception of ideas of time, of the future, and of cause and effect. The very young child should have a sort of consciousness that it breathes rhythmically, that it makes rhythmic suction movements with its lips, that it swallows and at times chokes and coughs, etc. The fact that anencephali are said to behave much the same as normal infants during the first few months may mean nothing, for not enough cases are on record to characterize the inevitable behavior and discrepancies occur in accounts. But even if the infant without a brain can simulate one who is normal, that does not mean that the normal infant is not conscious of nursing, of kicking about, etc.

The reflexes of the very young infant are almost all of the induced type and more or less casual in occurrence when natural. The principal ones have to do with vision, as blinking, use of the pupil, etc. It is known that in the first few weeks of life vision is extremely crude, for while the eyes are fully developed the central visual organs and even the ocular muscles do not function well. If the infant could perceive objects from the first its vegetative existence might be cut short for it would be receiving so many peripheral impressions that it would be much more wakeful and conscious.

As the original vision is passive so also is attention passive and the fixation on the object seen is reflex. There can be no real adaptation to the outer world until the infant can see actively and actively fix the attention on the objects. The "look of vision" according to Rasmussen comes to the eyes at about the age of three weeks or at least not before this time. Then it can fix both eyes on an object like a finger and the observer notices that the eyes now appear efficient. Vision, however, is still passive; it will not be active until the infant will voluntarily look for some object. According to Bühler some infants will try to locate a sound as early as two months but this is perhaps precocity, but many months elapse before it looks for a dropped article. In regard to active and voluntary attention, it is commonly believed that this is delayed until the function of memory has made a certain amount of headway. Attention when it was developed becomes evident through associated movements of the facial muscles and hands. In regard to the relation of vision to attention it is known that touch and vision are synergistic. Vision is close and is greatly helped by touch and the converse is also partly true. The faculty of attention is almost always discussed as if it were peculiar to vision, yet it belongs equally to any of the other special senses. Naturally attention in the blind must concentrate on audition and touch. Since touch cannot develop far until the infant learns how to grasp, it is evident that grasping with eye control

begins not before two months and often much later. It is thus seen that there are revolutionary developments as early as the close of the vegetative period, in which we soon see the simultaneous development of intelligent coordination and active vision, vision with touch control, etc. In speaking of the perception of outlines this refers naturally to small objects. The young infant cannot see a large object like a coat but only a button on the coat.

As soon as active grasping has become possible there is a new line of activity which consists in carrying objects of all kinds to the mouth where they are subjected to tactile examination by the lips and tongue. This, however, seems to be wasted effort for the child in its later life does not touch with its lips but with the finger tips.

It is evident that after the first two months the infant begins to receive hundreds of new sense impressions which must greatly affect its consciousness. What should be the affective consequences of these lines of effort? Seeing and following light and motion are pleasurable, and when the bright spot or moving object passes out of vision there is doubtless an unpleasant feeling of loss, of something lacking, a wish for its return. At about this time new relations appear, those of triumph and pleasure at the favorable outcome with corresponding displeasure at disappointment. These are the outcome of memory and time sense, and can be studied to best advantage in attempts by the infant to grasp some near object or one apparently near. Here we see a desire, in the shape of curiosity perhaps, which comes from beholding the object and which leads to the effort to grasp it and ends in success or failure and corresponding pleasure and displeasure. This new mental content is based on the development of the motor functions of the hands, eyes and mouth, which makes it possible to adapt itself to the external world and is the beginning of the animal existence of the infant—say at the third month of life in the precocious and later in the average infant. Bühler speaks of the period of the active and purposeful use of the special senses. From now on there is no radical change until the infant begins its efforts to sit up, creep, etc., which marks the beginning of locomotion. In regard to the active and purposeful use of the senses only the beginnings are evident at this early period, and months of practice will be required before proficiency is gained.

It is often easier to obtain a negative idea of the mentality of the new born and very young infant than a positive one. Stated at random this is in part as follows: There is no notion of deep space, and things seen in perspective appear no different from those seen on the flat. It might almost be said that at first there is only a two dimensional existence. The infant even after the grasping period is

under way will try to clutch at a flat object, like the picture of a solid. There is, of course, no conception whatever of height and depth long after the child has walked.

There is no conception of magnitude as has often been proved by experiment, and correspondingly no conception of number. From another angle there is no sense of multiplicity for if there are a number of objects in the visual field, all of different kinds, the young infant apparently sees but one at a time. If the child looks at an object of some size it evidently sees only some detail of it although of course it cannot see more than one such detail, as already implied. With such a negative consciousness it is not easy to understand the supposed "chaos" of the early weeks. There is probably no sense of color, only of white and bright light on a darker background. There is no sense of self as something apart from the external world. There is no distinction between animate and inanimate for while the animate may be treated as dead the inanimate are endowed with life. There is a sense of motion but not after it becomes too rapid and in fact only as far as the eye can follow a moving object is it visible. It cannot grasp the entirety of a person, and knows the mother through the facial expression—notably the eyes—and the voice; it has no conception of the mother as a whole, or that her breasts, arms, hands and lap belong to the same unit.

In theory the few things which register on the mind of the very young infant may reappear in the "mind's eye" during sleep and perhaps in half sleep or when the senses are not fixed on the outer world. The facial expression seen at times in sleep suggests that both pleasing and terrifying images may appear. It is possible that sensations in the skin and sounds can give rise to sleep images. Dream content is of course mostly visual. The question now comes up, is the imagery equivalent to that seen when awake or does the mind register other images unlike anything seen? One would imagine that the most familiar object to the ordinary infant would be the human face, the nipple or bottle, etc. Whether the racial dreams of falling, flying or floating about are possible is, of course, conjectural; such might have originated from the prenatal state; whether there are dream reproductions of birth and the first exposure to the extrauterine world, the first respirations, etc., could apparently only be answered by psychoanalysts.

In this connection the fact that so called "expressive movements" are present from the hour of birth seems to show the existence of a certain cerebral activity even though histologists claim that the cortex is as yet undeveloped. Of course there is no behavior of the young infant which is not open to more than one interpretation and some

infant psychologists would deny that these movements are expressive at all. They involve the muscles of the eyes and eyelids, mouth, head, hands, forehead, etc. Some express comfort, others discomfort while some may have no affective element as in the associated movements of the hands, face, etc., which are seen in attention, even in the involuntary attention of the earliest infancy. In screaming or crying and smiling we see opposite behaviors—in the first the eyes are closed and the mouth open, in the second the eyes are open and the mouth closed.

In order to visualize the content of the mind soon after birth we have to consider sense impressions and their possible reproduction in cerebration, especially in dream states; affective states—these two have already received considerable attention; and other possible elements. One that we have touched on is the primitive urge, which in most cases means simply the unfolding of the instinctive mechanisms as seen in grasping, creeping, etc. Is there anything which is not merely developmental here? The germ of the future character should be seen as in peculiarities of nursing, crying, etc., which appear to indicate whether the future individual will be aggressive or passive, irritable and exacting or good natured. According to the Scandinavians this is not altogether a matter of heredity but largely also of good or bad feeding conditions.

Some of the primitive urges are as follows: to move the limbs; to grope in the air; to follow light and motion; in time to grasp, feel of (under eye control) and carry to the mouth, to taste and touch with the lips; to cry for help; in time to imitate; the locomotive group. Under affective states the infant develops fear and anger long before it can react to them; it cannot run and hide, nor can it throw things or be destructive. It might be said in general that there is a basic urge to be comfortable and avoid discomfort, to be active and quiet alternately, to sleep and be wakeful, to feed and stop when sated—in general toward the state of well being. This brings us to the subject of the "wish" which is not a basic desire as much as a mechanism. The infant may be visualized as having a number of wants and the wish applies first to one, then to another. Until the wish is attained the infant is hardly contented; if the wish is realized there is pleasure for a moment; if after an effort the wish is unrealized there is discontent.

Under the head of the negative conception of the mentality it is hardly worth mentioning that the infant can have no conception of cause and effect beyond that of mere associative sequence, but in one respect this is not true; very early it must connect the cry with getting the wish, and to this cry is later added the tantrum of rage; at an

early period it seems to realize that by resorting to these measures it can obtain the wish of the moment and hence we see a phase of volition of a primitive type.

Returning to the unfolding of the intellectual processes this must depend on memory but authors differ extremely in visualizing this function. In theory it should be present from the start, or as soon as a sense impression is repeated several times. It must be present with the first realization of strangeness and one observer states that this is sometimes evident in the first few weeks, as when the mother puts on a new dress. For the perception of abstract relationships the memory would appear to be necessary, as between familiarity and strangeness, contrast, sense of something lacking, rhythm, sequence, etc.

The singular value of the phantasia method to be presented is attested to in that more adult situations which were entirely lost from conscious memory have also been phantasied and when finally recovered as actual memories have been shown to be a remarkably accurate presentment of the original episodes.

III. A SUBJECTIVE STUDY OF THE MENTAL LIFE OF THE INFANT

In the hope of preparing the reader for an easier grasp of the import of the following clinical data I may make a few preliminary remarks. The material shows over and over again the child's intimate identification with the mother. This libidinal attachment which is later fashioned into narcissism, is the guiding and controlling force in the whole emotional behavior of the infant. At each new strain on this relationship one notes the incipency of an anxiety, a rising tide in the child's feelings toward and from his outer world. Just as the mother's partial or temporary withdrawal induces an anxiety in the child, at a later period the child also attempts to exercise the same control over the mother and even his playthings, his companions and "subjects." The animism of this libidinal relationship will be easily seen in the productions. It bears out in striking manner Freud's contention that this animism is possibly the basic concept of our understanding the relationship between the inner and the outer world (science). At any rate, we see an induced state of anxiety and apprehensiveness at the slightest suggestion that all is not right in the child's libidinal relationships with the mother. In addition hostility or enmity toward and from the outer world creeps in. Thus we have the very beginnings of an anxiety state which may

amount to a neurosis in miniature. Most frequently, as might be expected, the inadequacy of the ego and its protective narcissism makes the outer world seem to be hurting the child rather than there being a primary hostility on his part of an infidelity of his own making.

In this early infantile period antedating the possible formation of an Oedipus situation, we see the child's attitude toward the father as one growing out of the closeness of his identification with the mother. Her attitude toward the father is his also. This principle would seem to hold true not alone for the earthly, but also for the heavenly Father. I have elaborated this point elsewhere in accounting for the development of the first monotheistic religion of "Akh-naton" (Amenhotep IV, Pharaoh of Egypt who reigned in the fourteenth century B.C.).

It is so common for one to witness the mother's use of the libidinal identification with the child in all phases of its initiation to life that one is apt to overlook its essential significance in the orderly and peaceful acquirement of habits. It is precisely in these ministrations that many behaviors in the social inheritance are laid down. Our easy assumption that many attitudes toward food, clothing and even locomotion and speech carry an innate preference over the discarded functions of infantile life, is easily refuted by the exact contrary witnessed over and again in the phantasial material presented here and elsewhere. The tender care and attention of the average mother happily coincides with the beneficent purpose of all good habit training as we now view it. So much gentleness is required in the repression of the primary instincts such as weaning from the nipple and the napkin that one wonders at the infrequency of these instincts cropping out in neurotic attitudes in later life. One may naturally inquire how the habits of repressions of the primary instincts are brought about if there is a seeming diminution in the pleasure principle at each new adaptation. The answer is not difficult. Not alone does the mother build up more libido (approval) at each new adjustment, but she continually offers other pleasures in the shape of toys and playthings; there is a continual process of climbing, as it were, by which the child mounts up his own ego stature. It is a matter of extreme delicacy to delineate the degree and amount of repression of the natural instincts in the infant's alliance with the educator. In this incomplete repression lies the mystery and power of creative art and all directed and purposeful living. Just when and how this great process is brought about will furnish material for continued painstaking study for some time to come. Something more than the incomplete repression of the toilet functions lies in the creative arts, crudely shown in simple pasting, painting and modeling.

When these simple beginnings are placed at the service and passed through the ego nuclear screen, the imagination fires it with an energetic power that raises it from the mere artisan accomplishment to the subtle perfection of real art. Not infrequently after the child fully identifies himself with the educator (mother) he learns a third phase, that of disobedience, which reverts to some of the repressed primary demands, unloosens the repression and thus recaptures the impulsive utility of the repressed instincts. Many social and chemic agents in later life act as releasers of unconsciously repressed instincts and only their cruder manifestations have induced our wholesale condemnation of these widening processes.

Often there is a feeling of guilt which seems to come about through disregarding the acceptable pattern not compatible with the ego ideal. The latter acts as the directing force (the conscience), and is the direct descendant of the repressed identification. By breaking down this part of the repressed identification the ego nucleus has a freer range to build the ego stature. In many instances the general tone values even of the validity of reality is conditioned by the attitude which the mother has set for him. Again, referring to foods, it may be that they are only secondarily of nutritive value and have a wider diffusion of importance in the amount of libidinal pleasure they may contain. This radioactive quality of food, as it were, has perhaps been only partly recognized by the physiologists (Pavlov) and in time we may have a psychological physiology in which the controlling factor will be the activity of the total libidinal element. Again, we find that food insufficiently endowed with libido causes an insurrectionary and rebellious attitude against it and in such episodes the child makes the mother seem unfaithful to their mutual identification. His own narcissism protects him from an equal perfidy. At first he begins to take food for her sake, and when he does take it for its own value he then begins to ask for more subsidy of love. A precipitate withdrawal of love leaves him small and weak (castration effect). Then he again holds her as being harsh, cold and unsympathetic. He accuses her for this deprivation of love which she wishes him to obtain from foods. He is unwilling to find this libidinal satisfaction in foods but demands salvage of personal love in the identification. It would seem that a feeling of enmity and hostility is man's natural heritage as a defense against an impending anxiety in being excluded from his garden of Eden (identification). The cry of the infant is probably but a beginning lowering of the libido tension; the anxiety of the adult in part has the same import in his lamentations. Over and over one sees that the pain and displeasure experienced throughout life contains some of the anguish

of every catastrophe that has ever happened to the individual. Every new adaptation has all the elements of every previous demoralization, and this, perhaps, is one reason why modern adult adaptations are so complex of study. As the child begins to withdraw from the identification, to take over the maternal attitudes into his own ego, he feels the differences between the mother's attitudes as compared with former states. He is unaware (his narcissism protects him) that a large part of this change is due to his own diminished desire for identification. He accuses her alone of withdrawal and grows to dislike her for his own delinquencies. In the feelings of "smallness and weakness" we have the libidinal designation of castration. This is really a diminished narcissistic worth. It may be that the attributes which we designate as character and personality are but different facets of the ego imprinted by various identifications. If the child enlarges both his narcissism and his activities at the same time he feels no trepidation or sense of guilt. But if his activities extend beyond either the mother's approval (identification) or his own sense of power to manage them, then he feels both guilt and fear. Every child should continually be encouraged to enlarge his narcissism to cover every advance of his assumption of new activities. The wise educator always keeps to this rule. So soon as the narcissism breaks, panic and fright succeed; he feels sorry for himself, nobody cares, etc.

There are various personifications of the death impulse and its repetitive compulsion in the psychic life both in and outside the neuroses. At times it is a longing for darkness and a desire of the salvaging part of the ego impulse to check this repetitive compulsion; then we find the child anxiously hoping that the mother's love will help him to fight this "deadly yearning back to the abyss of self, of engulfing within the mother." He finally is able to give up this yearning by the aid of the mother, but this position is also only temporary, to be fought for over and over. And again, as he strives to break from the identification and feels the beginnings of anguish, the harbinger of a panic, he feels as though "mother is not interested in him any more." It is as though the infant had made a silent pact with the mother saying, "I will give up my place of peace and morning calm, but in return you must promise to help me always and never leave me." Then when the inevitable withdrawal is in process the child feels that she is the perfidious one and he strives in various ways to excite pity and love to heal his wounded soul (narcissism). A little later the outer world is requisitioned to form a transference leverage of libido, an identification with "things," but such relationships have to be made time and again before the ego nucleus can

absorb sufficient energy to withstand the demand for mother identification.

Mother's smile is the emotional symbol of identification. No wonder the mothers of the world labor so persistently to fashion and refashion this universal mystic bridge across which the spirit of the child may so easily pass. It is a simple and effective medium understood by all people. Infusing all the outer world with this magic envelope is the means by which the mother weans her own body away from the child's longing and places it upon other symbols of reality which in the end only too frequently lead to "vanity and vexation of spirit." Although the father builds up libido in "things" and work, the boy is unwilling to release mother from her implied obligation to furnish him with libido as necessity demands. (Analyses on the father have been deleted in our text except in a few instances.) It is this very repetitive compulsion that interferes with the tranquil upbuilding of character and personality, the ego either fails to absorb or to capture the essential principles of identification for its integration. The sadomasochistic principle is in full sway at this period and must be born out of the primary identification.

The essential points of the sadomasochistic principle may be given briefly: It has been tentatively postulated by several investigators that the root of sadism is to be found essentially in the pleasure the infant derives from biting the mother's nipple during the latter part of the nursing epoch. If this holds true in principle, it would then seem logical that the lip-biting which antedates the presence of teeth would be an even earlier phase of this process. To go back still further, the infant's very desire to engulf the mother within its own person would seem to be the precedent logical root of sadism, for no doubt this is but a still more vague attempt on the part of the infantile organism to recapture the status quo first disequilibrated by the foetal separation from the parental stem. In following such instinctive impulses to their source, perhaps one is apt to place too much stress upon repetitive compulsion phenomena per se.

Stärcke points out that in some languages (notably the Dutch and the German) one term designates the mother as a person and another term (*mamma*) is used to designate the mother's breast. The infant would seem to consider the "*mamma*" as a part of itself which is taken from it by the mother as a person. Toward the latter, therefore, it directs its distrust and hostility. Hence the infant probably experiences the feelings of loneliness and dejection, and becomes aware of its "smallness and weakness" from this beginning of an outer world from which the child always feels more or less estranged. On the other hand the mother as a person is the first to give the child

a sense of perfidy which runs the long gamut of emotion to that of absolute destructive rage.

If a restoration of the severed relationship were not the immediate concern of the mother, then no faith or trust in the future would be possible for the infant. Instinctively aware that she has been the perfidious one, the mother denies the infant nothing but the one thing that he seemingly craves most. The infant's repression of chagrin, disappointment, and violent anger paves the way for all the attitudes of distrust which follow in the wake of this virtual castration. Slowly the infant is made to realize that aside from a denial of this one thing, it may enjoy an emotional rapport with the mother quite as before. The substitutes and evasions the mother or nurse offers may be more or less plastically accepted, and thus the child may successfully heal itself from the weaning trauma. Time and again we gain a sufficient sadistic motive in the weaning process shown in efforts to recapture the mother's bodily contact. The mother in the weaning act is the object of sadistic feeling and through an oral attempt to absorb her in sucking and biting she is to be removed so that the infant may return within the mother's body, the part which was taken from him by her, or it may be expressed in as true a sense by saying the child strives to take the mother's body once a part of itself. Again the mother as a person may be conquered more completely within its very self by another process which is the antipode of sadism, that of masochism. The child having learned that it may not annihilate this arch enemy by sadistic cruelty as the enemy is too powerful, learns that the mother's love may be wounded even though she as a person may not be. This new process is learned in that the mother's narcissistic concern is much disturbed by the beginning of separation from the child in the nursing relationship. Through the identification with the mother and her attitudes the child takes on the same attitude which the mother assumes in the weaning. This principle holds true for both extremes of sadomasochism and ought to be relatively easy of objective proof by observing the mother's behavior and feelings during the weaning period. Soon the child assumes these same attitudes at every cross-road in life. Thus through its masochistic lust it punishes the parent and wins renewed and reawakened love which has seemingly previously been denied or on the point of being completely withdrawn. Again and again it will be observed running all through the neuroses in which masochistic reactions occur that there is a direct ratio between the degree and amount of masochism manifested and the degree of love needed that remains unrequited in the neurotic's soul. The same principle holds equally true of the opposite polar sadism.

It is therefore our great effort to cathectate the wounded love by furnishing new and fresh objects of love as well as to break down the narcissism and place more libido to the service of love objects. While these two attitudes on the part of the child in sadomasochistic activity may not be final, it gives us tentative and authentic data illustrating the personification of sadomasochism in that the soldier and the saint may be but antipodal forms of the one force seeking analogous or the same final ends.

One is hardly aware of the repeated trials necessary to gain that proper degree of ego stature by which one may "go it alone" in the world; if the data taught us nothing else but the "round after round" by which the ego is built up, it would not be presented in vain. The rhythmic flow of milk in the nursing act may teach us much of the wave like accession of libido throughout the body. Even the imaginative interchange with the mother love may continually motivate the libido current throughout the personality. Thus memories of past happiness are but the engravures of previous identifications and may serve as talismanic symbols to charm away the menacing aspects of the outer world either by day or by night. Thus one sees a series of verbal symbols for the death impulse: "the floating part"; the "warmth and softness" and the "darkness." This mood is frequently deeply repressed early and constitutes the mother imago that serves for the tender emotions in art, poetry and romance. Once the child thoroughly masters the incorporations of the mother within his own soul (ego) he can stand alone, for the mother then dwells within him and a unity is formed. He may then turn his mastery upon his outer world and work his conquering will upon it that so ominously threatened him with annihilation. He is content at first to find that he can withstand "things" without being panicked. He believes that mother is not so thrilled as he is by such a feat. Some part of himself may still be in alliance with her to perpetuate the identification and he desires now to strangle this part of himself rather than that the "floating part" shall win as formerly. Moreover, on his own initiative he can work a change over his environment. He can even control mother as a person; this gives a sense of power over all his formerly unmanageable world. He even goes so far as to challenge his outer world to see if all sorts of conditions may be managed or mastered. Alas, he still finds many instances in which he is actually or incipiently panicked back to the mother. The continual flow of maternal emotions feeds the ego, or rather, the autoerotism is withdrawn from the nursing act to build up narcissistic worth so the ego may continue its adventuring into the newly found outer world. Thus we see the child slowly mastering his former misfortune, finding a

way out in his exploration. At first one sees that the narcissism is pure bombast, a sort of secondary inflation as a defense reaction to his feelings of inferiority (castration). Slowly and more tranquilly he builds in real worth, and masters his fate in the outer world. In the absence of the mother to see his triumph he goes so far as to split his own ego—as Freud has shown—to make the performance part the subjective dominant and the other part (the narcissistic portion) stands by as an audience while he is “performing.” He is thus both actor and audience. After a time we find the child transferring the mother from a part of the outer world which acts without feeling, to that portion of himself or even the outer world that is limited in its operations. The mother then becomes a person who, like himself, is held under the sway or ban of obeying an implacable fate; therefore they may mutually make a common cause and friendship—they both dwell under an inescapable reality.

Later, we see a renewed portrait of the adaptation to the weaning process from the mother’s breast to the bottle and the gradual awareness that all the child’s former sense of perfection in previous acts was perhaps delusional and finally after a series of disappointments he withdraws much of his libido from object investiture. This gives him a sense of stability, and in his watchful attitude to see what is to happen next there lies a certain sense of apprehension. It is impossible for him to endure this for long, and the outer world is steadily surcharged with an ominous hostility (just in proportion as his own libido is checked in this direction); then there is an animistic projection. There naturally follows a self inflicted castration, “loneliness and separateness.” So soon as he begins to gain a mastery over things and his outer world he begins to place mother in a category by herself as a part of this outer world but not as one who is implacable, as the rest of his environment appears to be. Though suspicious of her, he really can make headway against her, whereas the unfeeling world must be submitted to unconditionally. A little later he appears surprised that many things he formerly thought were unsubduable he is able to master, and this builds a fabulous conceit (undue narcissism). In this unstable state his former identification with the mother causes even his narcissism to assume a pattern of special importance comparable to that which he thinks she possesses—as much as to say “Two can play at this game of *noblesse oblige*.” Slowly, step by step, forward and backward, through pain and anxiety, the ego is built up out of absorbed identification attitudes, which when properly arranged in the ego organ, constitute the upbuilding of character and personality. Psychologically it may well be that all life activities are but reaction formations against the death

impulse. At the behest of the libido man rears the superstructure of civilization as a challenge to the immutable law of disintegration within his own soul. Without this losing struggle all life would not be.

The phantasial data to be presented were produced by a young man incapable of transference analysis, but whose narcissism has been in the process of reduction by the phantasy method. The subject is unmarried, a college graduate, and is in exceptionally good health aside from his neurosis. The data will deal only with the beginnings of consciousness to the second or third year. It will be seen that the material goes only so far as the first safe formation of the ego nucleus in a fairly tranquil and well knit personality. A detailed history of his neurosis together with a complete character analysis may be presented at another time, but will not be given here as it is not pertinent to our immediate purpose, to show the subjective processes by and through which the average person passes in integrating the ego or personality. In many instances I have been content to let the actual productions carry their own import rather than to confuse the reader by too copious interlarding of explanatory notes. I may add that at the time of production the analyzant had no knowledge of scientific studies of infancy or childhood and knew nothing about modern dynamic psychology.

Those specifically skilled in interpretation may not find these prefatory notes necessary. To avoid the monotony of continual reiteration considerable material had to be finally deleted though much pertinent data are lost to the general presentation. Even as the motion picture is but an illusion, made up of a series of static photos, so the most consecutive episodes in the life of a human being would not be able to portray the vital flow of the libido even for the first years of the child-mother relationship.

CLINICAL CASE NOTES

1. *A Phantasial Reproduction of Birth:*

Everything is dark and warm—shut in around me—nothing but me—everything is done for me—intense feeling of confidence, peace—floating, entirely surrounded by something warm that shuts out everything. Everything comes to me automatically—desires are all fulfilled—always that peaceful, floating sensation. Feel myself dropping—sailing down—first it is rather pleasant—a part of the floating—a feeling of fear—something unusual happening—seems as if I alighted gently on a rock, something more solid than I have experienced before—a support different from the indefinite feeling of

floating—gradually becoming a part of the rock—getting into the surface of the rock—the floating has disappeared—pressure on all sides. Now everything is fear and uncertainty—what has happened to bring me here? Strange feeling—gripping—tightening around me—terribly uncomfortable, still seem shut in but not like before when it was a protection—now it is a cramped feeling—the rocks are pressing in on all sides—sinking down through the rocks very slowly—the going is hard—the rocks are straining—they don't let me sink in. Now I have passed through—still a sense of pressure but a different sort—this new pressure makes me feel that I am being torn apart—pulled away—(long silence)—now I feel as if I had ceased to move—all is still—a strong feeling of irritation that everything is stopped—disturbed feeling—fear that nothing can be done. Things seem cold—feel now big and vast—no shelter like before—nothing shuts me in to protect and make me comfortable—feel pressure. Long for the old feeling—absolutely terrified so far away from my place—go miles and miles and it seems as if the pressure will never stop—I must always go through this hard surface which scarcely yields. A lost feeling—before, I never thought of anything—all was as I wanted—things are not so now. Some unseen power has changed everything—something is being done to me over which I have no influence—feel helpless—sorry—disappointed and terribly afraid because I am uncomfortable. This thing isn't right—not fair—inside it pounds—from the inside out—works out through me in my head—makes that torn away feeling—these experiences are all so abrupt. At someone's mercy—someone has decided my peaceful life shall be no more—never can count upon having things peaceful again. Pressure from the inside forces something out of me—relieves the pressure but it always comes back with a steady pounding pressure and then feel as if something rushes out. Terrible feeling struggling against that pressure. Must do something or else that pounding will continue—strange feeling trying to do something but I do not know what it is—that rushing feeling seems to help—try to release more—seems to be a sound—it startles me. I feel angry that all this happened against my will—I won't stand for it—straining every part of me to hear that noise—try to do something to get rid of that lost feeling—don't know how to fight it—want to fight against this strange situation—want to get rid of the pressure. Things are terribly bright—big. I am in a huge place with a search light upon me. Don't want to stand for this bright, big light and these strange sensations—I fight against it but my efforts are hopeless—things are still cold and large. Whole place is filled with forces working against me—I am so weak—know I can't get away—

must do something. Want to get away—want to go back to the old place, peace, quiet, and floating sensation. Gradually I am overcome—feel my strength giving way. Seems as if I were floating again now—but not as before—not that comfortable graceful way. There isn't the pounding now—things seem better than they were—there isn't the bliss as before but at least I am getting away from those terrible forces—I am experiencing the feeling that I don't have to do things—relaxation now (long silence). Now they have brought me back again to the unpleasant things—awful place—seems wicked and unjust to put me up against such obstacles and then tantalize me by finding that I cannot go back again—these forces would always bring me away from peace and security. All my efforts go for naught. Seems so useless to fight—they have everything fixed. No chance for me, yet I seem compelled to fight and strain against these forces. Feel myself lifted up—the first time I have had a feeling like that old feeling. It is done in a soft way—a feeling of relief—it must be all right. Resting against something soft and warm—supported there—I seem to be getting away from the forces, the brightness and coldness—don't feel compelled to struggle and strain. I needn't bother with things—at last I have something like that old place, quiet, darkness—things will be done for me—must be all right. Now the support seems strong—it can fight against the forces and will make things right—it keeps the strange feeling away—want to get away from that brightness—feel the floating again—happiness, contentment and peace—here is something in this terrible place that is not against me—soft, yielding and comfortable. Once more comes abruptly the unpleasantness—a vain struggling against the big odds—irritated to find myself back again in this unpleasant place—don't want to fight it now. I can look to that support to keep me away—I don't know how it happened before. What can I do to have it happen again? Struggle hard and strain to make that noise. Now my friend is near me—I recognize the arms—the softness—the friendship in her face, understanding and sympathy. I do not have to keep the battle up. Look forward to being lifted up and the arms pressed around me. I try to press into them as much as possible. Why doesn't she take me up there where I'll be happy? Why did she leave me there to fight against all these things? I struggle—cry out against them. I want to count on this friend so I will be comfortable. Now she's helping me. The burden is slipping away—feel relaxed—I can trust my fight to her. Wonderful happiness—I have found a refuge—she is really stronger than the forces around me—she can really help me.

2. *Second Birth Phantasy:*

Comfortable, secure—feeling of being shut in, of being wrapped in softness—floating through endless space, on and on and on. In spite of the limitless space, there is nothing but myself, my serene comfort, and my wonderful sensations—drifting lazily, dreamily—happiness complete and undisturbed—no worry—confident of continuing as it always has been—things are this way naturally; no effort required on my part—do not even have to desire. Supported on a cloud without any feeling but peace and quietude—generally I seem to float along in a straight line, but now I am soaring like a bird—a graceful rising then an exhilarating drop and a gentle turn—now wild, exciting joy—I am overwhelmed with a wonderfully careless, reckless feeling—soaring, swooping, rising, dipping—startling sensations of joy, new thrills of excitement and pleasure. Now I am sinking straight down—I stop gently and gracefully—then another downward drop, down, down, down—still there is wild satisfaction, warmth, comfort, serenity—now the drop is slow and steady—slower and slower I sink—down and down I go—this is new, startling—yet there is pleasure in it—down, down I go—slower and slower—I begin to feel more conscious of space—I am not shut into myself so completely—there is more pressure beneath me—my progress is even slower—I am sinking into something hard, something that resists but which yields slowly. This is entirely new—unheard of—frightful—what is going to happen—what is happening—why have things changed so? For the first time I find that my wishes do not coincide with the way things are happening—my happiness is in another direction from that in which I am being taken—bewildered, frightened, I drop further and further into the dense, resisting, half-solid, half-liquid matter—it is denser now—I can feel increased pressure all around me—tighter and tighter it grips me and slower and slower I sink into it—something unseen and unnoticed is forcing me down through this hard material—terrible pressure—awful tightness—a pinched feeling.

Suddenly a release—no pressure from the outside—it seems now to come from within me—I am more conscious of my size, of my different parts—it is cold—I feel exposed—gone is the secluded, peaceful, comfortable feeling—always that beating, throbbing, hammering pressure from inside—a violent straining, tensing—and then release—noises from me—more pressure, more straining—tightening and then more noises and release—now everything is dull, motionless—I feel uneasy—restless at the lack of motion—exposed, cold, frightened—things have been turned upside down—a complete crash

of everything—nothing as it was—nothing as it should be—everything is strange, awful—terrible. Suddenly I am conscious of a terrific brightness, an awful glare—gigantic space around me—huge things towering near me—how weak and small I feel—how mighty these things appear, and how hostile!

Now I feel myself lifted—gentle, firm pressure around me—softness, protection, security—I am pressed against something warm and soft—the firm support about me tightens—closer in I go, away from everything—soothed, comforted. This approaches the happiness of floating—here is a friendly port—an escape from the awfulness of the situation—yet I cannot be completely happy—I am not completely shut away—something disturbs the peacefulness of it all—I want to get in closer, have that gentle, supporting wrap tighten around me—I float and drift once more—but always something interrupts—happiness only for short periods—then comes something to remind me of my awful situation—and I return to the dullness, the rigidity, the hostility of things.

I am put down, away from my shelter—I feel exposed once more, cold, uneasy, restless—everything has been destroyed—everything is different. I have been forced into a whirlpool and cannot go the way I want; I must go with the current—.

I am lying down, terror-stricken at the thought of the hostile things around me—fear the things that are going to happen—am tense, straining, struggling against it—have a clenched, tight-feeling—put all my strength into my resistance, into crying against it—will never submit—.

3. *First Feelings of Existence:*

I have just come into a large light place—seems cold, unfamiliar—strange sensation within me. Something pressing against me must come out. Feel afraid—release gas from my mouth—it chokes and frightens me—feel uncomfortable—everything so large and strange—different from the warm dark place I have been in. Now something big is holding me—something keeps me from being cold—I like to get close and feel protected—to get away from that big bright place. Have to make an effort to get rid of that pressure—why do I have to keep working to release that feeling? Keep crying and gasping—why must I be out here anyway—I don't want to be here. Now I am against something soft and warm—only pleasant thing I have found—takes me away from the awfulness of it—press my face against it—have part of it in my mouth—something warm and sweet—liquid in my mouth—forget the brightness—forget the pressure now. Begin to feel comfortable inside—want just to lie there and

exist against this soft, warm thing. Everything wonderful—cozy—lie there shutting my eyes to get rid of the light—float along—everything peaceful and quiet—at last everything as I want it. Begin to have ease—good place after all—everything is wonderful—don't need to be afraid or startled—I have put my burden on this person who seems to understand—I can pay all my attention to being warm—blissful and at ease—close my eyes—floating again—seem to be alone—nothing over me—all softness—fall asleep.

4. *Nursing:*

Mother lifts me up to her—happiness knows no bounds—feel the warm, yielding softness of her breast—I thrill as her arms tighten around me and press me in close to her—I bury my face in the soft flesh, always further and deeper. With every bit of added pressure my heart leaps. Now I have found the soft but resisting nipple, the pointed thing that feels good in my mouth, giving wonderful sensations to my lips and the roof of my mouth. I press to get it in further, tighter, still tighter—there is a rush, a passionate surging of this sweet liquid in my mouth and down my throat—it satisfies that inner feeling—I press closer—everything else is shut away—nothing else matters to me as I lie there steeped in complete happiness—oh, always to stay there, to close my eyes, experience these wonderful sensations, and float—on and on and on.

I am reluctant to be pulled away from this happiness, out into the coldness, brightness, hardness—yet I am satiated, drunk with the pleasurable satisfaction—the memory of my feelings lingers long after I am back in the crib, in the world of reality where things don't float. I am drowsy, lazy in my full satisfaction—how pleasant it is to be there, eyes closed, and drift along with these sensations—now I feel myself again slowly floating—floating, sailing through space—everything warm and comfortable—everything dark and pleasant—I am falling asleep.

Wake up, feel cold—have lost the protection—am lying down on something soft, lifeless—lacks the warm, yielding feeling. I seem laid down in the midst of things close to me—high above—big—restless feeling that I want to be put into motion—wonder where my friend is—look for her—she is there—things seem brighter—she will keep harm away. Don't like the uneasy, restless feeling—want her to change things—why does she let me lie there in this uncomfortable position? Why doesn't she arrange it so that I can be happy all the time? Why does she neglect me so? I cry out against her—that restlessness and anger are so strong inside me—I must put all my strength into yelling—to get rid of this discomfort—want to show

her I won't stand for being left this way—she must keep me happy, protected and warm. She's coming near—makes me feel more angry when she doesn't pick me up—feel a little better to have her so close. She seems happy—carefree—as if there couldn't be anything to be afraid of—everything is all right—feel I can leave things to her—confident that she wouldn't smile if anything were going to happen to me. My uneasiness disappears—forget my fears—the important thing is that mother is standing there. Feel myself moving from side to side—she knows I am restless because the motion had stopped—now she has attended to it. The steady motion is very soothing—suggests the floating feeling going on and on—never stopping or going any slower. Feel happy now—nothing to be afraid of. Once more I feel I can let myself go—put all my attention on being happy and comfortable—the other things are being taken care of—lying there now, contented feeling, motion has stopped. Somehow things seem all right even though mother isn't there—still feel that I can leave everything to her—seem comfortable—looking up seeing the white space above—seem interested in it—things don't seem so big—the brightness isn't so disturbing—it seems more scattered around everywhere. Hear someone coming toward me—it must be mother—wait to see her face bend over me—feel anticipation of happiness—pleasure at last—I see her face—now she is standing over me—I brighten up—something glows and bubbles inside of me—she seems pleased with me for being so comfortable—smiles—puts her hand on my stomach—laughs as she tickles me—I feel the glow of happiness at her touch—when she laughs I feel like laughing myself—seems like another warm sensation when I laugh with her—a feeling in common—nothing could possibly happen—she wouldn't be so happy and pleased. She is tickling my toes—all these touches seem thrilling—the more I laugh the happier I feel and the happier she looks—seems as if I see the same expression on her face that I have in mine—if I look surprised and amazed she looks the same—it pleases me to see how much I am like her—feel like laughing—she's laughing—more pleased than ever. I am enjoying myself—sometimes she makes noises that indicate more than the expression on her face—happiness—I try to do the same—show her the same feelings I see in her—so wonderful to do as she does—happy when she is happy—laugh—surprised to make the funny noises. Everything else is unimportant—other things are shut away—we needn't be bothered by other things—just we two—we are the real things—everything is perfect as long as we are there together—somehow I lose myself in this game—I feel as big as mother. Now she has stopped and is moving away—wonder

what she is going to do next—watch her as she walks across the room—feel a little sad and disappointed—occurs to me that my happiness is over—seems as if part of myself has been taken away—seem small—not complete—lonely—lost—sometimes there is some of that feeling of happiness left over—still feel contented as I lie there and think of the pleasant moments gone by. Self pity that they had to be cut short. Still think of the expression on her face—feel the same emotions myself—seems I could shut myself away from outside things by thinking of our pleasant moments together—all that matters is that safe, glowing feeling within me—her smile and laughter—everything seems satisfying—still feel mother's presence—still feel I have this friend that I can turn my burden over to—as long as she is near nothing can happen—must be all right—lying there looking above me—something inside feels a little bit uncomfortable—afraid of this feeling—seems as if something has happened to me—something has gone from the complete comfort I had—begin to get more frightened—something I can't do anything about—crying—fear—uneasy—strain every effort to cry louder—seems as if things all begin to happen to me—feel small—lonely—things around don't seem so friendly—a gnawing inside of me—something uncomfortable—I can't fix it—mother seems far away—not there to fix things up. Want things changed so I won't feel that way—feel restless—desire for motion bothers me again—not comfortable lying still—want something done right off—don't want to be left alone with all these hostile things around me—why has she let these happen to me?

5. *Memories in the Cradle:*

I am lying in the cradle—feel restless—curious about things around me. Don't want to be still—want to get hold of the objects that attract me—not sure what I want—don't feel quite right where I am—makes me feel resentful and angry that I can't manage things as I want them—would like to be closer to the objects across the room. I want to hold them—seems a shame that they are denied me—that I must lie there and wish for them. Seems foolish for people to expect me to be happy when I am not allowed to handle these things—want to be taken around. Everything is so still and motionless—things seem awfully big—big to explore—I am shut away from things—mother has gone away and left me there—she hasn't arranged things properly—nothing to play with—no fun in just lying there motionless—no one paying any attention—mother seems sort of selfish thinking of herself—drawing away from me more—not so interested in me any more—mother expects too much of me put-

ting the burden on me—expects me to amuse myself—terrible that she should think that—she's just trying to get away from me. She seems no longer a part of me. She has put herself away. She didn't ask me about it—didn't explain it to me—she's gone ahead and done it—what I think about it doesn't seem to matter at all—everything seems to be opposite to what I want—things are fixed so I can't have them as I want them—things are too far away—no one gets them for me—seems terrible to be so completely deserted—so small and lonely. A pity that so small a person should have to come against these forces—bear these burdens—have these things happen to me—doesn't seem possible I can ever be happy—seems I will always be gloomy and disturbed—nothing to do but lie there uneasy—uncomfortable—until the world gets ready to give me what I want. Nothing I can do but just lie there and take things as they come.

I feel sorry for myself—cry—a hopeless weak cry—everything is all over—nothing I can do—seem to be standing outside of myself—looking down at this person—seem sorry and sad that this other person is up against these things. Begin to realize that that person is myself. Begin to feel a little angry—crying is a little stronger—more force to it—only thing to do is to strain and protest against myself—want everyone to know I do not like it—seems to satisfy something inside of myself to cry so hard—put so much strength into it—feel I am doing something against these big things around me. Seem to center my attention on crying. Begin to feel something ought to be done to change things after all this effort—makes me angry that no one seems interested—or pays any attention to the things I want—my efforts haven't made any impression—after I cried with all my might it didn't do any good—nothing has happened. Mother hasn't come to help me any—she hasn't even come near me to see what the trouble was. Now my crying is weak, hopeless—I am tired—nothing will ever be right again—begin to pity myself again—feel I have struggled as much as I can—even when things are against me I did all I could—no one cared about it—feel all tired out—just sobbing now—just in pure grief and pity—no strength to cry aloud. May as well resign myself to fate and let things happen as they want to happen.

Mother is coming toward me—things don't seem so hopeless—jerks me out of my depression—begin to hope for better things—resentful toward her—she let this thing happen to me—left me for such a long time—she could have prevented all this—angry that she should take it so calmly—doesn't seem to feel the same worry and tension that I feel—cry louder—angry with her—at the same time I want her to know that I am still suffering—make her realize it has been a terri-

ble situation—look in her face as she comes toward me. I expect to see the expression on her face the way I feel inwardly—it doesn't seem right that she should look happy outside when I feel uncomfortable inside—she's not in sympathy with me—doesn't understand me—she's smiling—I stop crying—look at her expectantly—wonder if she knows how terribly I feel. At the same time I begin to feel more secure—do not seem to be worried any more—perfectly happy just lying there—the other objects have lost their attractiveness—are now only a background. Begin to be happy again—the tension seems to be easing up—as if I had been in the cold shivering and had come into the warm sunlight—gradually the shivering disappears—still have the memory of the terrible thing but the fact that I am comfortable and happy makes up for it now—no desire to let her know—main thing is that she is here now—no need to think any more about it now—frightened feeling, worry and doubts disappear—she's picked up the rattle—I like to watch the happy look on her face as she shakes it—there is an answer inside of me—a warm glow that makes me feel happy. She has put the rattle in my hand—now she is shaking my hand—same expression on her face—pleases me that I am doing something to please her—something that makes her smile and laugh a little—makes her seem more a part of me. Our feelings are the same—doing things together—getting the same pleasure out of it. Now she has left the thing in my hand—turned away—everything seems to have dropped—disappointed—the pleasant times together have stopped—I look at the rattle—then at mother—wish she wouldn't go away. She seems pleased with me—has a happy look on her face as she goes away—still feel secure—confident that everything is all right—like to shake the rattle—like to hear the noise—feel almost the same pleasant feelings as when she was there. Remembering the expression she had—making the same faces she did—seem to be playing the part of mother in the new game. Now taking her part, now my part and feeling my own emotions when doing the things I did—the objects in the background don't concern me—just concerned with my game—everything else is shut away—pointed end to the rattle—love to get it into my mouth—feels good—press it against my lips—doesn't seem to have the taste I expected—disappointed—seems dry and flat.

In spite of that unpleasantness I like to feel the hard end in my mouth—have it pressed up hard inside of my lips—press down on it—I reach out further to take more of it into my mouth. Everything seems so pleasant and comfortable, just the way I want it—a feeling of excitement—with all this a feeling of gratification and satisfaction—a feeling that I am having a wonderful time—glow with

happiness—absolute indifference to things outside of this pointed thing inside my mouth. Seems as if I were soaring around—sensations that are fine. It isn't the peaceful floating that I experienced—a wilder, more exciting one. It isn't the floating on a cloud—more the feeling of shooting in the air, and dropping down—more exhilarating—can't get it into my mouth far enough—does not seem just right—no matter how far I push it in. Everything is centered on this rattle—nothing else attracts my attention—in back of that is the feeling that it is something mother gave me—we played with it together—still get pleasure from time to time remembering her face. It seems natural to put it in my mouth again but it never satisfies—a sour taste that doesn't appeal to me—it no longer attracts me—interest gone—I let it drop, not caring where it goes—objects around begin to attract—realize I am in a big space—how small, how little I can do to get things as I want them—feel absence of mother—do not understand why she is not there—why has she left me alone to attend to things—want her to play with me—give me the things I want. I am restless and uneasy. Why does she desert me—why not make me happy, as she does when we play—begin to feel that I am neglected—mother doesn't care for me—has no interest—wonder what is going to happen to me—feel I am being forced to accept things as they are—I am unhappy—uncared for—restless—irritable—not going to stand for this treatment—not going to be forced to stand things—she is not going to play with me awhile, and then desert me—she can't fool me—crying—angry—I am going to make her feel bad for leaving me—she doesn't care—now I am afraid she doesn't hear me cry. Feel terrible that all these things are against me—crying and sobbing a sad, hopeless, unhappy cry. No one near to help me—everything is too big for me—feel I might just as well give up—as I lie there I begin to feel surprised—find that nothing has happened—felt that something must happen—uneasy—uncertain—couldn't lie there long without some discomfort or pain—the things around me don't seem so unattractive—they haven't taken advantage of my weakness—everything remains the same—I am pleased that I have gotten along so well—feeling that mother will be pleased. Begin dreaming of the look and smile on her face—the happiness in her eyes when she sees me there. Brighten up when I think of this—still a doubt, uncertainty—what's going to happen—feel restless—want to hold on until she comes back—wish I could hear her footsteps to get rid of the burden and tension—just let her shield me from the things I am afraid of—begin again to feel sorry for myself—no anger—just grief that I am alone, unprotected—why doesn't she come back—listen to every noise—wait for it to get

louder—no footsteps approach—I am sad, hopeless—each new noise lifts me out of the sadness—then I drop back again when it stops. Footsteps are coming—something shoots up from inside—she's coming through the door—smiles—something warm bubbles up from my stomach to my head—all that tension, uneasiness is gone—feel tired—could let everything else go now. I can leave the burden to her—just be calm and peaceful—she picks me up—a wonderful feeling of happiness as I feel myself being lifted—now I have the soft pointed thing in my mouth again—at first I feel that exhilarated feeling—like to press and get in as far as I can and bury my nose in the softness and warmth. Can't get down far enough—like to get the soft thing in my mouth—wild feeling—the soft, sweet liquid—the tickling as it rushes down my throat—like to get right down on it with my lips, to get more of it in my mouth—then there comes a desire to stay there—to always be just where I am—to be pressed up against that soft, warm flesh—to feel the glow as I touch it—to be shut away—to get away from things outside—nothing else matters—just lie there always—to float and drift along—feel extra pressure on my back—she brings back the old feeling to get closer. Enjoy living—begin to feel sleepy—seem to be floating away—drifting along—now I am opening my eyes again—lying in my cradle—first notice mother isn't there—a pang of disappointment—still feel satisfied—remember the smile and look of understanding—perfectly happy lying still—begin to look around with interest and curiosity—stretching out my hands—maybe touch something with them—my hand hits the side of my crib—touch something long and thin and smooth—feels good to have my fingers on it—run my fingers against it—like to get closer to it—like to have my face closer to it—to look at it. Like to be able to get to it—press my face up to it. Do not know how to get nearer—irritates me to think here is something so close—I want to have it—strain myself toward it—find that I am closer to it—twist some more—seems as if different parts are getting closer to it—now I am up very close to it—can see things now that I haven't seen before—bright colored things—like to lie there and stare at them—soothing to look right into them—now I am pressing my face in between parts of my crib—some pleasure to feel the bars pressed against me—every time I press further I see something new—I am curious to see the new part of the world I never visited before—colors and shapes I have never seen before—something friendly about them. Find I can stretch my hand through the bar—like to reach my hand through the bar—now my hand is pressed against something hard and smooth and flat—like to pound against

the smooth surface—like to rub my hand along the surface—can't seem to go far enough—something just beyond that I want to touch.

So soon as there is the slightest sense of a threatened diminution of libido tension (technically an impending castration) the child feels a sense of smallness, loneliness and hopelessness. The source of libido supply is the mother and her attitude is the determining agent. Ever and again with this source of supply secure, the child may essay conquest over environmental objects in and about his crib that have seemed so foreign and menacing. He meets this fear in himself as an embodiment of enmity in the outer world, it is but a part of a threatened castration. He meets it by a hostile reaction formation of desire to overpower the animistic projection. Perhaps all internal conflicts are similarly met throughout life by an attempt to embroil the outer world in the conflict so that the ego may escape the blame (castration) of its own responsibility as well as power. The mother as a person is now separated from the organic mother. She seemingly holds herself aloof and thus withdraws libido, and a double castration is threatened. In such a dilemma the child quickly sues for peace from either or both enemies.

Again, at the weaning period the child feels as though the mother as a person is the responsible one who deprives (castrates) him of the organic mother (the breasts). To the child her attitude seems to be one of sorrowful withdrawal or painful dejection in the weaning (masochism) and would seem to be the incitor for the child to assume the same attitude. At last the child feels as though the mother unites with the hostile outer world, and both, in allowing the bottle substitute to be instituted, are perfidious and never to be trusted again. Only by feeling as though the mother, too, is at the mercy of the blind forces of nature can a friendly truce with her be patched up. Thus the child may recapture the libido object that its castrated nature demands.

6. *Struggle with Reality:*

Lying in the crib—rattle and other objects around me—mother out of the room—seem to be interested, just looking straight up—no desire to do anything—feeling of relief from the strain—do not have to bother—I'll be taken care of—just pleasant to lie there—

comfortable feeling—do not want to play with my toys—nice to have them around—somehow everything is pleasant and happy—pick up my rattle—look at it—like to shake it around—try to hold it in my hand—grip it—feel a vague desire to put the end in my mouth—something else makes me feel I shouldn't—perhaps it is the taste—in spite of that I have it in my mouth—my lips are around it—feel someone is coming to take it away from me. This is denied me, but I am doing it in spite of it—feel uncomfortable—do not seem to be getting pleasure this way—disappointed that I can't enjoy it—have thrown the rattle down—do not feel so at ease—nothing to do—things around seem commonplace—nothing to occupy my attention—begin to feel lonely—wonder where mother is—why isn't she here now—begin to be angry that no one has come to see that I am unhappy—not going to stand for treatment like that.

Begin to move around—feeling of anger against the bars for shutting me in—would like to do something to them—smash them—see them suffer for imprisoning me—try to get over them to get away—can't seem to get at the straight side the way I imagined I could. Things shouldn't be arranged so I can't do things I want to do. Try to pull myself to a standing position—can't get much higher than my knees—freedom right in front of me but I can't take advantage of it—straining to get up as high as I can—like to get over the bars—fall over the covers again—seems a frightfully high fall—it all happens with such suddenness—a relentless punishment for my trying to free myself from those walls (bars)—some monstrous power forced me to fall—utterly lost feeling—so small—everything denied me—something I could not fight against—I am not crying but I feel miserable and unhappy—no strength to cry—feel limp and weak—just lie there pitying myself—these terrible things have caused this trouble—feel I do not belong in this place—perhaps I am not wanted—that is why things are arranged to be so unpleasant—no mercy—no one to appeal to—no friendliness in my surroundings. Crying becomes louder and stronger—put all my strength and breath in crying—seems to be a certain satisfaction—release from that sorrowful feeling—makes me feel a little bigger—not so hopeless. The fact that I am doing something makes me feel I have some power. I'll show them I won't give in as they thought I would—feel tired. At the same time I have lost the desire or need to cry—not so uneasy—nothing has happened. Begin to feel pleased with myself—things don't look so unfriendly—feel a certain power and strength—feeling of importance for the things I've done. Guess they won't dare to do anything to me. Seems as if the bars of my crib were a little more respectful. Seems that I

could make them suffer—they must be afraid of me—like to lie there and look at them—feel superior to them—feeling that they know I can hurt them and punish them—feel I can get along better with them now—friendly with them—able to center myself on things around me—I think of this strength I have and the fear things have of me—continue to enjoy the feeling—the things that frightened me are now actually cowed before me—fear me—nothing matters—I and my thoughts are the whole world—feel a resentment if mother comes—anything that would take away that shut-in feeling—there comes a feeling that I am not as important in this world as I was in my own world of thoughts—angry with mother for the things that she has done to me—now she doesn't understand—more of a separate individual not in sympathy with my desires. I do not want her—she reminds me of my dependence. I have built up a world for myself where I am strong—able to take care of myself. She angers me by reminding me of my smallness and weakness. Now she seems to be the one to fight against—she's the one that is doing the things I do not want done—she is smiling at me. This proves more than ever that she doesn't understand—a frightful uneasiness comes over me to think she doesn't understand—that she is a separate person—we can't be in harmony any more—she doesn't want to feel the way I do—things are strange and bewildering—feel I am being mistreated—in some danger—feel weak pity for myself—burden seems to press against me—tension is strong—crying—sorry for my weakness—there is a certain comfort when mother does pick me up—a relief—want just to be held—soothed—to let mother handle and make things all right—to have back again comfort and peace—seems nice to lie down in that soothed feeling—shut my eyes and be pressed firmly against her—still have a tense, strained, trembling feeling—a choked feeling in my throat—mother will take care of all those feelings—I already seem easier—more comfortable—everything is being made right again—nothing matters—just feel the warmth and softness—the strength of those arms work magic and remove those frightful feelings—release from the trembling feeling—my burden has been taken from me.

7. *Weaning:*

Lying in the crib alone—nothing to do—waiting for something to come along and entertain me—eventually I'll have something to make me more pleased than the contentment I have now—lie there vaguely hoping. Things seem to be going nicely and smoothly—a definite schedule—a dreamy self-satisfied feeling. I seem to have fitted myself into the wheels of machinery going round and round, always

returning to the same place—regularity seems to be pleasing to me—gives an impression things will always be that way, just right. Good place to be where things are arranged so perfectly and in accordance with my desires—begin to feel a desire for the exhilaration of that which I get regularly—restless feeling—something is lacking—it isn't a feeling to cause me fright—my experience has always been that this feeling doesn't last long—something to look forward to and backward to—just the desire for this something—the feeling that I need it makes me restless—seems that I had recognized the elation that comes when mother enters the room—like to lie there and hold back the wonderful surge of ecstasy until she comes in, manage to suppress that feeling—waiting for the footstep that tells me that she's coming. Feel the glow of excitement all over—some satisfaction of anticipation—dreaming of the actual moment when I'll enjoy those sensations. There always seems to be a delay but it makes it happier, gives me the anticipation—behold it all is the conviction that eventually I am going to have it.

Try to get an imitation of my feelings by imagining that she's coming—the elation that I usually feel, listening to each little sound, without looking. Uneasiness increases when mother doesn't come. I know surely my needs will be attended to—irritated that there is a delay after I've worn out the dreaming—it's imperative that I have the real thing.

I like to be quiet and calm when the first footstep sounds, to lie there without motion. It tends to hold down the angry feeling that starts to show itself—does seem a shame that she doesn't come when she is supposed to—want to be in the best frame of mind and enjoy it to its limit. Hear mother's step—at first a big throb of elation—hold down the thrill—while I am still excited, ready to be joyful and glad, want to get the extra pleasure piled up in me—lie back—imagine the look of happiness and pleasure—must be like the feeling I had. She must have a smile on her face, a look of pleasure—she must be in the room—she sounds so near—she must be coming toward me—want to look—hold back that desire—feel myself being overwhelmed—desire getting stronger—still I resist it—can't hold out any longer. A wave of wonderful emotion turns me toward her—something disappointing in the expression on her face—a smile, but it isn't a sunny, full smile that reflects my feeling, not a smile of reckless, carefree happiness that I want. A sorry, disappointed smile—can't believe it—can't be true—she doesn't show these wonderful feelings—she's changed, there is no radiant smile for these occasions. She doesn't enjoy being with me as I do with her—she must feel something that I do not, something is influencing

her—she is a different person, not in accord with me. Instead of going along, side by side, there seems to be something that makes her want to hold back. She doesn't understand me and I do not understand her—sends me crashing down from the heights of joy—a definite warning that the order of things is being erupted—part of the machinery that isn't going around with me.

Look up at her now—curiosity, fear at the thing that is coming for the reason that her expression is changed. I am lying looking up at mother wondering, curious about this change—why can't she throw herself into this thing—plunge in with the full enjoyment of it all, not hold herself back—a part of her is holding off—there isn't that reckless exciting thrill to it all—as if before she dove right into the game. Now she dips her hand in and holds the rest of herself away. No enjoyment unless we both plunge into it completely. No other emotions intrude upon the bliss of the moment. It is our time together and we both give all of ourselves to this one thing. I am irritated at her aloofness—she stands and smiles at me, friendly, but something holds back the full extent of her smile. It is not her smile which I am accustomed to—it fades away and returns—there is a dullness, a complete lack of excitement in her eyes—in spite of the friendliness there is something stern about her. This of all occasions to be stern, to be held in check, restrained—this is the moment to plunge in, float away, cut off from everything. She is spoiling it all by her half-hearted manner—why can't I do something to make her feel as I want her to? Why should she continue to look happy and then change this way? For a moment I am hopeful—feel perhaps things will change, that she will put herself into the game. She picks me up once more—enjoy the firmness of her breast, the warmth of her arms—shut off from things—vague hope that things will turn out right—strong doubt of it—still suspicious—seems that I demanded more than ever, that I have this pleasure instantly. Wonder if things are going to be happy—want to be reassured immediately—can't stand any delay—must be done at once. Why is she holding me flat on my back up there in a cold, open way? I want to be smothered into her. What's she waiting for? Why can't I be pulled quickly to her and yield myself to the wonderful surge of happiness—squirm in her arms—turn and twist as if those efforts would bring about the thing I want? She's sitting down now—I am lying across her lap—her arms behind my head—I am far away from the warmth and protection—the whole thing has been dangled in front of me—so tantalizing—now she has an encouraging look—a smile that somehow doesn't ring true—a poor imitation of the wonderful,

radiant smile that I feel is my due. Emphasizes that there is deceit here—we haven't got something in common—want to be up with the softness and warmth—to have my face pressed away in the darkness—to have the flesh yield—to press my mouth into the firmness of it.

I squirm and wriggle—she must know it isn't right—she is changing things—she hasn't put her whole self into it and won't let me plunge in—she's holding me aloof—so I can't get my whole self into it—it is all so terrible, pitiful, that there should be any delay of this wonderful moment that we enjoy so much, that big wave of exhilaration that I loved to hold back—had risen so high and melted away. I cry with resentment—she isn't fair to me—she must understand that I must have it—I squirm vigorously—yet it doesn't have any effect upon mother—she has a plaything in her hand—something she expects me to enjoy—has a smile on her face as if she expects me to be happy over that thing—she expects me to overlook her deceit and her attempt to cheat me out of my wonderful moment—expects to palm off this wretched substitute—not even as good as my rattle—she's done something wrong. She's trying to cover it up—expects me to be happy and forget the terrible thing she has done. I'll never forget it—never stop wanting it—want nothing else in its place—everything that has to do with that happy moment must never be changed in any way. Shameful that she should deceive me—the one whom I have confided every burden in, lean on, should turn away from me and that she should show her own shame by miserable deceit. She must know what I want—can't be any reason why I can't have it unless she doesn't care.

In spite of my fears and the way I show them—wild twisting, turning, shaking my head—she still insists that I accept this plaything and forget the desire for that happy moment. She is pressing the thing toward me—it is longer than my rattle—pointed at the end—it is repulsive. Even though there is something sort of attractive I won't show any friendliness toward it. This other thing has got to be attended to first. No game can interfere—I want my thrilling moment and want it now—turn my head away—mother's hand with that thing follows it—turn quickly back—still it follows—why must she insist upon it—I'll be just as insistent as she. Shake my head, twist, writhe with my body—kick my legs—shriek—thing being taken away—held away from me—gained a little but I want complete surrender—back to the former happiness. Continue to cry—mother doesn't seem to be affected any more by my violent effort to show my feelings—feel tired—feel I must give up the battle in the end. Stop crying, lie there quietly—still sullen, sus-

picious, unhappy, tired out with this terrible strain. Everything is turned against me.

Now I lie there getting myself together for another violent effort—this one I relied upon most—taking this time as an opportunity to force it on me again—it is obnoxious now—it symbolizes the whole enemy—won't accept it—it is forced upon me—pressed against my mouth. Start to cry—the suddenness of it being pressed in my mouth frightens me. Everything crashes down upon my head. I am beaten—beaten in a most terrible fight by mother—she is on the enemy's side. Everything has turned against me—they are too much for me—struggled all I could—did the best I could—now I have got to give up—let them do what they want with me—no more happiness.

8. *Weaning:*

I am on mother's lap—disappointed from struggling. Everything wrong—turned against me—seem to be resting—waiting for the next move—feel a hatred, resentment against the long pointed thing mother has in her hand—must refuse to have anything to do with it and fight it with all my strength. Refuse to consider any more—wish mother would put me down—leave me—just as long as she sits there with that thing in her hand she is allying herself with the enemy—if she'd only go away with that thing. If I couldn't have real happiness I shouldn't be asked to force my happiness. Mother seems firm and relentless—she is going along doing as she wants—her attitude is only a matter of time and I'll give in—doesn't seem right that she should have a different opinion of things—her attitude contrary to mine—she could ally herself with me—then both could stand against these forces—mother is the deciding balance between these two. So long as she was on my side I felt sure of myself—couldn't lose—could have things my way—be happy. Now that she is firm and set with these preconceived ideas of things it doesn't seem possible that I can win out—the whole thing is terrible and hopeless. Seems such a shame that things have to change with all the happiness I had before. Now comes the parting of the ways and I do not fit in with things—before it seemed that I was riding along with the machinery. It went my way—now it has turned and mother is with it. I want to go on the old way—no happiness the new way—she wants me to go where there isn't any satisfaction—can't do anything about it—feel eventually I will have to submit. Yet I do not want to—want her to change—yet do not want to fight her. Want her to go along in an agreement and the only thing to do is to go my way—she seems so stubborn—so persistent—simply won't

agree with me—she seems so confident—so sure—so firm—unbending—why can't she yield a little bit? Why must it be so sudden and incomplete—picture myself submitting—feel miserable that she is wrong—so awful to think that some time she'll see her mistake—then it is too late—all this happiness lost and never found again—all she can do is to feel sorry and admit that she was wrong—that isn't what I want—why can't she see it now and not lose all this pleasure—feel the sadness and grief that she will feel when she sees that I was right. I wish the whole thing had been demonstrated and she had stopped before forcing the whole thing on me. Look up at mother—she does seem sad—seems a little bit uncertain—perhaps she is yielding now—has seen her mistake—it gives me hope to see that she is not as relentless as she was—perhaps she won't insist that I fit myself into the order of things—smile indicates she must go on—seems she is being forced as she forces me—she must be doing this against her will—she seems unhappy.

They've made her submit—seems as if they could me—at the same time it seems that mother and I are more on the same side—we both submit—allow ourselves to be pulled along, but would hold ourselves back—makes me feel a little less sad to think that I can submit now—that mother understands—she isn't standing directly opposite me—both drawn along by the current—she is just as much against this thing as I am. Now I feel that she can be trusted—she hasn't been deceiving me—she is still friendly—ready to fight by my side—she understands—yet it does seem that they should resist this whole thing and not do it at all. She has this long pointed thing in her hand again—look up at her—wonder if she understands what this long thing stands for—does she know it means losing happiness—wants to have me accept it—urges it—perhaps it is all right—maybe it doesn't stand for unhappiness. Somehow she seems more confident about the matter—knows what she is doing—still feel uncertain—wish she'd make sure that she knows it is all right—look at her more than at the pointed thing—even as I feel the hard pointed thing in my mouth—doesn't taste good—seems as if it ought to taste better than it does—there's deceit about it somehow. There shouldn't be that unpleasant taste to it—sour taste—doesn't feel good in my mouth—pleasure holding my lips against it—just enough firmness and just enough yielding to make it pleasurable to press hard on it—funny taste—warm—tasteless—rushes through my mouth down my throat—startles me—for a minute I lose my resentment but things don't seem right—she means well—things aren't as bad as they seem—look up at mother—does she know how this tastes? She seems pleased and happy—she evidently

wanted me to do this—pleasure within myself that I interpreted her wishes—she acts as if everything was all right—she submits completely to it—doesn't realize—feel that she was trying to force me to be happy—she seems to have yielded entirely and wants me to yield. Not only submitting, but enjoying it all—she doesn't understand how hard it is for me—all that she is asking of me—what an unpleasant thing she wants me to be pleased with. She holds it up to my face again—point is in my mouth—feel as if I were exploring around—to see how much was wrong and how much was right—that hard point at the end is all right—except the taste of it—try to get more of it in—something is wrong—seems that there is something that should be hidden about this—everything stands right out in the open.

Something lacking in the whole procedure—cold, machine-like—pleasure is spoiled by a lack of things that should be there—essential parts of this pleasure have been left out—things are strange—yet I do enjoy the new sensation of the startling rush of the liquid down my throat—gives me a thrill of excitement—then a disappointed flatness about it—a lack of completeness—resist the parts that tend to give pleasure. Some sort of weakness that seems to say, "I told you so."

I get to the point where I do not resist at all—mother seems pleased with me—so happy—begin to doubt my own happiness—must go through the experience again—sort of an experimental way—to find out what gives all this happiness—I feel agreeable toward it when the point comes in contact with my mouth again—my feelings have struck the same note my mother has—then when that feeling of openness—lack of secrecy, protection, when that feeling comes to spoil that enjoyment—seems that mother strikes a note far away from where I strike it. Do not want her happy over this thing—want her to resist it—change it—why does she have to insist upon it and then ask me to be pleased with it? Such a poor imitation—so incomplete—lack of everything satisfying and pleasant—free myself a little by crying—sad that she should want me to be satisfied with this thing and that I should have to give up this feeling—give up the friendship between the two—I want to agree with her—want to be happy—to be pleased with this—why does she lead the way this way? I do not want to follow—if I do not I will lose her—crying is angry, fighting kind that I went through before—more sorrow than anger—not the sorrow of resistance—more the sorrow of not being able to resist—feel relief when mother puts the pointed thing away.

9. *Struggle against Reality:*

I am lying in crib—feel tension—strain after ordeal—shake all over—seems to be something missing—not quite sure of in life—not quite sure about mother—she seems to be friendly toward me but not in perfect agreement—hitch somewhere—not the common understanding I long for—seems as if a burden were put on my shoulders—must pick my own course—not let myself drift along—here's a situation she has changed—different now—resist all along—have a feeling she isn't right—the things she is trying to get me to do are a mistake. Mother seems indifferent—seems to have withdrawn—no longer look forward to moments of pleasure—even while we are together something keeps us from putting ourselves entirely into the game—there isn't the bond between us—before it seemed as if this order of things was to be happy over and over again. I was always happy, day after day. Now that cold machinery of things says in a cold voice, "Be happy—see if you can't—follow us and you may be happy." Things seem to be sneering, challenging me to be happy if I can—I want to be happy—I won't be happy—I'll show them they can't take one that has had happiness and bend him into a certain channel and then force him to happiness—determined that I will never be happy as long as I am forced—they won't mold me to fit something. I won't give them the satisfaction in spite of what I feel now—imagine those that stand for this machine-like, impersonal thing, smiling and saying to themselves—"I know you'll be happy soon." Makes me angry that they are so sure in spite of myself that I'll fit into the order of things and lose the power of being happy in any other way but their way. I do not want to change. I am going to hold back—keep myself from being forced into line—keep my old feelings about happiness—going to have a reserve to fight off any happiness that might come from this new system—but I'll never get all of my happiness into it. I'll keep enough to crawl out with so if they ever see their mistake I won't be entirely lost. I won't help the line to advance—I'll hold back—these thoughts give me a feeling of pride, yet I wish for some support in them—to have that important feeling that I amounted to something—that I will cause a disturbance in this world around me—I'll force them to give a better recognition to me.

Yet I feel terribly alone in all this—odds are high against me—wonder if mother doesn't agree with me—perhaps she doesn't get the same enjoyment—perhaps she isn't putting her entire self in this new way. She may be doing the same as I—resisting—we

both refuse to be completely happy—both can feel the same way about it—both can protest—hold aloof—keep part of ourselves ready for the old happiness—sort of enjoy the sullen expression I put on my face. Try to impress the things around me with my refusal of surrender—somehow it is mighty pleasing—to be surly and resentful—to have no smile—to refuse to lose myself entirely—even to suffer—to actually be unhappy—if they see how unhappy their way makes me, the terrible result it has on me—it may lead them to see their mistake and cause some recognition. If I can stand out and be a martyr—can feel sorrow—pain—it will at least make them show some sign that I am there—they won't be quite so sure of their impersonal blind plans—these thoughts give me a great deal of satisfaction—have thrown myself into the game completely—part of me is the actor—the other part the audience. Feeling of importance that I am standing out against the gigantic system—sometimes I am pleased with this new situation—that I can feel this way. There are times when I feel I can be happy—there is a struggle to hold myself back in remembering that I must be sad—not allow them to force me in these things. Mother comes in and before I can stop it there is a warm, soft glow—a thrill—seems I won't be able to stop it before it shows in my face. Stir uneasily—twist—feel angry that things should disturb me—take away that desire for unhappiness. Seems as if I had stopped that happy feeling before it had gone all over—turned my anger on that feeling. A battle to be fought against that feeling—must choke it and show that I mean never to be happy—feel terribly sad at this new order of things—prevents me from being happy in any other way than through my own unhappiness.

My throat fills up—cry softly—pity myself—miserable—weak—wretched—lost—bewildered in all these conflicting emotions—the whole world is turned upside down—so now what I thought of as happiness must be prevented—stopped—discouraged—I don't want things this way—if I could only be free to be happy—don't want to let myself into things—care for nothing except the happiness of the moment, and that is gone—things have been so forced that I can't get back—mother doesn't look at me with the sadness I feel—she smiles—rather shocked that I am alone—mother not affected the same way. She can't appreciate or understand—can't support or guide me.

(to be continued)

A PSYCHOLOGICAL STUDY OF THE NATURE OF THE IDIOT¹

BY

L. Pierce Clark and T. E. Uniker

It is my purpose to use the general term idiocy to include both idiocy and imbecility, the subdivision of which into two classes has never been psychologically popular or generally accepted. We shall therefore consider idiocy as the total gross defect of mental development. In limiting my present thesis to types presenting cerebral lesions, I am not unmindful that my hypothesis will be supposed to apply only to these so-called induced types and not to cases of hereditary defect, the "born idiot" or even feeble-minded without discoverable lesion. While for the present I am resigned to this criticism, I have in mind an equally cogent explanation for the whole range of mental defect upon the general theory that the physical limitations of developmental patterns in themselves may be operative in imprisoning the ego libido, and that the process by which the latter may be freed psychoanalytically promises much in future, in this field as well as in the twilight zone of psychopaths in which mental defect is a conspicuous factor.

It is true that the majority of all cases of idiocy show various brain anomalies and changes that are often characterized as hereditarily degenerative, although the findings at autopsy are devoid of any gross defect of the brain that may be considered as characteristic. Some cases present defective development of the central nervous system, either smallness or increased size of the entire brain, or malformation of some of its parts, absence of corpus callosum, of cerebellum, inequality of brain lobes, sparsity or anomalies of convolutions, and small convolutions of the cortex—which conditions represent cessation of development or a reversion to structures characteristic of lower animals. In many cases evidences of genuine disease processes are found, particularly meningo-encephalitis, hydrocephaly, and tumor formation, causing extensive destruction to the cortex (porencephaly) or a general atrophy. Similar conditions may be due to vascular changes, of which the most important are endarteritis, thrombosis, and embolism; also occlusion of vessels caused by hemorrhage at the time of birth or later. In other cases

¹ The general text and formulation of the principles are by L. Pierce Clark. The analytical data are drawn from the analysis of the case by T. E. Uniker.

there may be normal development with the usual number and arrangement of cells, but in some areas the cells have entirely disappeared as the result of a disease process, and the glia has increased. In the few cases of hypertrophic sclerosis, the increase in the size of the brain is due to the great increase of glia, either as an accompaniment or as a result of a degenerative process in the cortex. The nature of the causes which produce such lesions in foetal and early life is still unknown. It has been supposed by some that they may be due to intoxication or infection.

The foregoing is a general summary of autopsy findings in this singularly puzzling state of mental arrest. In the final statement we have the whole matter in a nutshell: "The nature of the cause is still unknown—it may be due to intoxication or infection." These are but empty phrases which do not satisfy us either physiologically or psychologically. The majority of these lesions are not constant, and when present they are most probably secondary and degenerative, which requires considerable stretch of scientific imagination to think of the cause as either intoxicative or infective; therefore such a conclusion may be discounted as a mere presumption without scientific proof or justification.

In the lowest grade types, the idiot is often described as being wholly unable to comprehend external impressions, to gather experience, or to become acquainted with the normal environment. In other words, these subjects are either unwilling or incapable of receiving experiential knowledge, and indeed, they do not even possess the self-awareness of the normal child. The range of the emotional life—which is the prime initiator of intellectual development—is limited but exhibits varied distorted patterns of infancy. Their intelligence, developed in its own peculiar pattern, is perhaps on a plane with that of the dog or the ape; their living activities and the complexities of their outer world are as different from those of the average child as those of the dog compared with the human. The latter has been excellently expounded by von Uexküll.² Their wants are so uncannily expressed that only the comprehending genius of a mother or those specially skilled in interpreting animal behaviors can grasp and utilize their codes. Their joys and fears do not escape a similar distortion of infantile behaviors. These are shown in disorders of motility, animal-like sounds and monotonous repetitions. The latter are none other than the repetitive compulsion seen in the average child in his inexorable demand for the same game or story without the slightest change, which is often so fatiguing

² J. von Uexküll: *Umwelt und Innenwelt der Tiere*. Berlin, 1909.

to the versatility of the adult. To be sure, there are some slight variations in this lowest type of mental arrest and one often encounters almost as intricate a pattern of living in the idiot as in other children, but what we would lay stress upon is the fact that the idiot seemingly elects to keep as rigidly to his internally conceived world as we do to ours, and perhaps he gains an equal satisfaction. The only difference is that by observation and objectivated interest the normal individual may be influenced or enticed to give up his preformed concepts, while the idiot is an example of the contrary. In their lack of concentration and attention we have an instance of the attenuated and inconstant employment of object libido or even any enduring ego libido so habitually are they seemingly obsessed with the closed system of their infantile motor and sensory world.

In all descriptive accounts we find mention of their inattention, lack of concentration, poor memory, indiscriminative judgment and diminished sense functions. When these categories of mental and sensory defects are duly assembled we find that they all more or less depend upon the fundamental fact that we are not able to interest the idiot objectively in our type of outer world or even in a simpler pattern of it analogous to that which we induce the average child to accept. Yet the average idiot does keep very busy in the narrow confines of his own narcissistic and egocentric existence. In other words, selfish feelings dominate his emotional attitude and liberate only those impulses that immediately subtend momentary pleasures. When irritated or opposed they may show violent outbursts of rage or tantrums, a specie of narcissistic cramp in which sadism or masochism may be evidenced. Perhaps nowhere outside of idiocy may one see such extremes of masochistic acts. They not infrequently mutilate themselves to a hideous degree with "tooth and talon." It would seem that only their limited intelligence constrains them from complete annihilation. So great is their need for love that even when given every improved system of care, and neglect in its larger sense may be discounted, they literally waste away in uncongenial surroundings so that infant mortality in idiot asylums is very large. To paraphrase, the idiot, the least of mortals, does not live by bread alone.

As may be expected, self awareness is attenuated because the idiot has no objectivated background by which he may contrast his own ego with that of the outer world. His occasional seemingly solicitous concern should not be considered as true sympathy, for this trait is seldom shown except toward individuals who are in close contact with his own narcissistic desires. Their power of drawing love to

themselves is notorious. Their very helplessness engenders sympathy, and perhaps those who have the power or the willingness to give this parental love should be the only ones to have much to do with their living care. Within the narrow confines of this narcissistically contracted microcosmos there may be a gift of considerable worth, such as musical or mathematical skill. But even in these idiot savants one feels a lack of creativeness derived from object libido by which art and science would seem to be made vitally alive.

When our ear shall be attuned to infantile behaviors, both normal and abnormal, we shall not need to be told that idiotic behavior exists from birth and that only at a considerably later date can it be detected clinically. Also, when we learn the laws of libido development and its delicate relationships in the first years of existence, we shall be able to play a more seductive rôle in leading these perverse infantile patterns of humanity away from their fateful and irrevocable fixations. The same mental prophylaxis may then be possible in this field of psychasthenics as in the psychopathology of the neuroses and psychoses.

One may ask, just what are the encouragers of object libido and the diminishers of narcissistic concern? The matter may not be answered succinctly, but we shall see later that the problem is really not so intricate to comprehend. Indeed, the principles have long been known in other terms but not so clearly as we are now able to state them through our newer knowledge of dynamic psychology. These matters will be dealt with in our training treatment to follow. It is a common mistake to think, because idiocy is a transfixed childhood below the psychometric level of three years, that the mental life is static in all directions. The absurdity of this view is of course clinically evident to the expert in charge of these children, and many workers in this field are now able to indicate just what traits are progressively altering or regressing. Though the psyche acts as a whole, its several activities are not always developing equally and in many instances the libido may be so directed as to advance in several directions in progressive adaptive living while other traits lose their emotional stimuli and regress to simpler and less desirable ego patterns. Thus we often have a very lopsided psychic development even for an idiot. Again, having exhausted the libido tension in either objectivation or in narcissistic encouragement for ego development, many idiots seemingly absorb into their pattern of interest and behavior all their former free libido and they are transformed from the morbidly active type to the sluggish or stupid form. How to break down the narcissism and the fixation of libido in these obdurate types is a difficult question. In the first

place, this can be done only by giving them more libido and entering their closed system of narcissism; this enables them to detach libido from its inner fixation and place it once more to the aim of development. Many of this sluggish type present in narrow range an emotional attitude of extreme mobility equal to that encountered in the average equated idiot, or even in the normal child in attention and imagination; every impression, however, is accompanied by an accentuated but rapidly vanishing tone of feeling so quickly is the libido withdrawn into the ego. Thus most wards for idiots have many graven images whose imperturbable calm is only transitorily disturbed and then they quickly succumb to an inactivity of body and spirit. How to increase the free flow of libido and keep it continuously active is our chief problem.

Let us undertake to formulate the dynamic psychologic aspects of this clinical state of mental arrest. How much do we actually know about the wounded psyche in the idiot whether seriously handicapped by gross cerebral lesions or not? Practically nothing as we are able to conjecture only vaguely their subjective attitudes in the absence of knowledge of their folkways and feelings. Indefinite guesses have been arrived at by psychometric tests, but as to methods of qualitative understanding we have gained little. Of the unconscious activity only the most vague surmises are as yet possible, for we hardly grasp their conscious processes of thought and feeling. Has the idiot psychic conflicts comparable to those seen in the psychoneurotic? This is probably so, but upon a more instinctive and infantile level; they probably exist as definitely as in all other human beings, and may be comparable to those of the savage or animal. Their conflicts would naturally occur in the pattern already developed.

The main difficulty in making a thorough analysis of the idiot is that he has a pathoneurosis of the egoistic or narcissistic type at the infantile level. He is incapable of ordinary transference, or the transference is too slender and unstable to make it enduring through the period necessary to make an analysis of his conscious life. Now that we may enter the minds of these subjects by the narcissistic transference or communication in which we give libido, instead of extracting it as in the ordinary transference, many of these cases will be found less inaccessible. In place of a directed reproduction of infancy by my phantasy method, the play activity of their own narrow lives may be instituted, as carried out in the case to be described. These life activities are none other than archaic patterns of infantile behaviors of a chronic and long enduring pathoneurosis,—enormously spread out but so stunted that they reach a developmental stature of hardly more than two years of age. In this foreshortened mental

altitude the idiot builds as complicated a pattern of existence as our own but with such indefinite and shadowy distortions that we fail to comprehend it. It is not that the average infant passes through the same infantile life as the idiot; he but traverses the same main thoroughfare of archaic beginnings and elaborates in adolescent and adult patterns of emotional satisfaction the more advanced and successive levels of adaptive living. No doubt, too, the continued wounding of the idiot through hampering paralytic and disordered motilities further cripples his sad existence. Failing to advance because of these organic tetherings to his distorted infancy, no wonder he reverts to all sorts of anal, oral and urinary erotic behaviors.

We know from neurotic disorders in the adult that narcissism has somatic as well as psychic components. Various types of ill humors of body and mind are instances of vague involvement of one or both of these conceptual systems. Naturally no one would assume to underestimate the primordial rôle of the actual somatic symptoms in these children; but I submit that the psychic ones are largely defect symptoms and irritations directly resulting from the imprisoned libido within this ego organ of the mind (the brain). It is the latter libido acting as a sort of emanation or concomitant of the lesion that induces the clinical picture. We may look upon idiocy as a series of behavior defects flowing from a special form of cerebral patho-neurosis of earliest infancy in which the ego organ, the brain, has been severely wounded. The excess of libido complement (narcissism) which has been mobilized to drive the ego to accomplish or fulfil its functions of development breaks down the tranquil forward progression in ego upbuilding. The idiot is then often thrown back upon the employment of still more infantile behaviors which may have been more or less successfully passed.

In our libido concept it is axiomatic that the libido is stored up in the total economy of the individual ego. This holds true for the idiot as for all individuals. This is the sum total of the libido in the individual organs and their mutual cooperation of organic as well as functional living. This libido gradually divides or directs itself into two channels: one toward the various erogenous zones, ultimately to be placed to the service of the sexual aim, and the other toward the preservation of the person as an individual. Though the former is at a minimum in the most rudimentary sexually aggressive state in the idiot, vestiges of it are always glaringly present. Indeed, nowhere better than in an idiot asylum may one study relatively rudimentary and static forms of infantile sexuality, especially in the pregenital stage. My studies of several years ago exquisitely demonstrated this in the so-called habit movements of a feeble-minded

group.³ The interchange of these two trends, the sexual and the ego libido, enters into every human relationship and the idiot is by no means exempt. This will be dealt with at another time as it immediately underlies the continuity with which they will go on and develop. For the time being we shall direct our attention to the ego portion of the total libido formation, as it is the part singularly deeply wounded in the idiot. This ego libido is not a separate entity for the functioning of the brain and its adnexa, but it enters into the power of regenerating and developing these damaged organs. It is precisely the imprisoned defective functioning of this narcissic and ego libido that evolves all the energy manifested in the idiot's pathologic activities and behaviors.

Freud has shown that there is no bodily organ which does not possess some essential influence over the total libido. The brain is essentially the organ of the ego libido, as the peripheral erogenous zones transmit their self gratification ultimately to the genital zone. Thus we have these two great divisions of the total libido acting often in the most intricate manner in the maintenance of social living. The meningo-encephalitic process not only produces symptoms of physical defect but upsets the tranquil order of the narcissic libido which is manifest in idiotic behavior with the ego thrown out of peaceful balance with the outer world. The fatigue symptoms are often masked by the apathetic states which master the idiot's life. Moreover, as we may rightly infer, when the apathetic state disappears, the conduct disorders put in an appearance, usually in proportion as the total libido is withdrawn from previously satisfactory living activities. For instance, we shall see in the case to be cited, as the apathy passes away the fatigue symptoms are quickly transformed into peevish and fretful attitudes and behavior physically manifested, most usually in the field of ego outlets. When these subjects make a narcissic transference, one notes the marked alleviation of many of their conduct disorders. As Freud states, actual hypochondriacal symptoms are the result of the painful storing up of narcissic libido in the ego functions. If this storing up of narcissic libido surpasses its utilization in social living, it must be mastered psychically (endured or repressed by effort of the will), and if this is insufficient, then the patient exhibits conduct disorders at times of stress or diminished periods of rest. It may be that the periodic states of apathy are to be explained upon this secondary effort at compensation, acting as a sort of miniature psychic reverberation of the shock of the original lesion, or a re-

³ Clark and Atwood, "A Study of the Significance of the Habit Movements in Mental Defectives," Jour. A. M. A., March 23, 1912.

enactment of its affect comparable to the repetition compulsion physically shown in the post traumatic neuroses in tremors and fright as well as in the type of dreams. Many of these syndromes in the idiot may be similarly explained on psychogenic reenactment principles, and cannot be laid solely to a continued ascending and descending degenerative process sequent to the initial lesions. However, no one may deny that the degenerative lesion often continues to injure the partially corrected functioning of the narcissistically wounded ego organ, and conduct disorders may carry a just but none the less disquieting compensation for the kind and degree of libidinal outlet normally denied. Thus the idiot's behavior is a pathoneurotic hypochondria of a positive sort not covered by apathy and may be looked upon as a psychic over-compensation for his mental defects as well as a pathoneurosis in which there is an intensification of the narcissistic libido provoked by organic disease. That the ego organ is deeply wounded is shown by the oral and anal eroticism (sadism) which almost invariably obtrude themselves in every severely marked case. In mild cases the dejection and apathy cover, perhaps, the greatest part of the clinical picture, but the awareness of destruction of the most highly estimated functions of the ego must engender a feeling of impoverishment of the whole personal worth (narcissistic libido). As we know, an equal mutilation of the peripheral system (such as the actual loss of one or more organs or limbs, as in poliomyelitis) may still permit the withdrawal of libido to the ego, and the latter may absorb the bodily defect by psychic compensations in other permissible activities. But what may the ego cling to in the presence of gross injury to the very organ by which it operates these egoistic satisfactions, thereby losing its own self respect? This is the hapless plight of the idiot, who has been wrecked in both body and mind structures by which he may equilibrate an ego unable to adapt to the outer world.

What degree of ego development may we postulate for the idiot? He is surely with the rest of us born into the world with the natural common heritage of unconditioned omnipotence which a wish free existence within the mother promised. The care and attention given him at birth permits him in a measure to continue this feeling of all powerfulness especially if he adjusts to certain simple demands of existence. From this point on if not before there is a retardation in the ego development. Yet he still is able by the use of magic signals to gain acquiescence from his outer world. These, too, may be quite dissimilar to those seen in normal infants.⁴ Indeed, he

⁴ A. L. Gessel, "The Mental Growth of the Pre-School Child," Macmillan, 1925.

often does more; he demands even a more strenuous acceptance of his ego desires in constant attention or more frequent nursing, thus accentuating or continuing a non-adaptive egoistic attitude comparable to the wish free state before birth. At the next stage of recognition that certain factors in the outer world have limits, the idiot increases his difficulties of adaptation by proclaiming his inability or unwillingness to conform to normal activities. From this point on his mental impairment becomes the more glaringly manifest. He fails utterly to adapt to the reality principle and the whole repressive forces of society are beyond his mental horizon. If certain specific structures are destroyed and if self observation sends vague reports to the ego nucleus that bodily processes as well as important psychic functions are enduringly damaged the ego nucleus of the idiot reacts in dejection and despair if not in an actual tantrum or furor of destructive rage. If, however, the adjustment cannot be made at this level, a deeper regression for outlet takes place and the most primitive and grossly forbidden activities are indulged in. One sees but comparatively few out of the large gross number of idiots who present enduring conduct disorders or even actual psychoses. In such either the previous ego development has been comparatively sound, or resilient to the ego organ injury, or the injury has not grossly wounded those structures which disable so profoundly the ego ideal (cortex).

When, however, the lesion injures those structures immediately subtending the psychic processes of conscious adaptations, the cortex and its thalamic subcortical structures, then the narcissistic libido creeps after these conditions even more regressively until the juvenile or even infantile behaviors are called into action. Nor are the final levels in ego development the only ones shown in the behaviors of these subjects; all past stages of erotic and libido organizations are revived and placed in the sum total of behavior reactions. Studies of our cases on Randall's Island show this. They are inclined toward incest, homosexuality, exhibitionism, desire for display, and sadomasochism in all degrees. It is as though this type of infantile pathoneurosis which in the course of development led towards the polar separations of the impulses between the ego center (brain) and the genital, became retrogressive step by step; and the ego, purged of the so-called "beautiful" repressions through education, was again flooded with all the inhibited eroticism, and the tripod of oral, anal and urinary erotisms around which the essential core of the personality is built up (Abraham) once more become the integrating nuclei of behaviors. Thus, the greater their deterioration, the more unrestrained and all powerful desires these subjects present.

Hence we must continually envisage the constitutional factors to be determined by analysis, and the traumatic process and its degree of wounding of the developmental levels of the ego organ (the brain). The manner in which the psyche reacts to cerebral injury as well as toxins, how the ego and its libido complement (the narcissism) behave under such circumstances, cannot longer be matters of indifference in the future study of these cases. We must remember that those in whom the narcissism is overpronounced will bear the cerebral lesion quite differently from cases of the transference type. This fact in itself should be a signal factor in eliminating the very large number of idiots from the group exhibiting conduct disorders which we have demarcated as the classic sort. Those idiotic or feeble-minded adolescents with the transference type of libido may escape our great dilemma altogether. The stubborn types are our main concern and perhaps the transference types may yield to simpler procedures than those we have proposed herein.

Empirical rules of kinds and degrees of structural damage to brain tissues give some clue as to the course and prognosis although all too little attention has been paid in the past to this sort of topical injury to the brain. A stormy pathocerebral process may provoke a more vigorous pathoneurotic reaction in idiocy, and the clinical outcome in our cases proves this over and again. The degree and amount of cerebral lesion certainly are not wanting in throwing a great mobilization of narcissistic libido into the troubled psyche. It is largely a question of how early and completely the disorganization of the ego nucleus and its correlated structures takes place, as to whether or not we have a unity in the disorganization of the total personality. The saving out of certain parts of the narcissism that are still relatively sound in adaptations to reality, has made many a clever worker in the asylums a real artist in helping these cases where waiting for a more scientific explanation has been impossible. Aggregating the wrecked personality of the idiot about the remnant ego nucleus and being able to make that portion the dominant and controlling factor, is the psychotherapeutic talisman. If this fails, the psychosocial reconstruction fails also, and a panic or outburst may succeed. As Freud, in speaking of parietic processes, states it, in such panics it would seem as though all the psychic energy which had accumulated in the course of development were suddenly released and transformed into current energy; hence our clinical picture of fury and destruction so unfortunately the classic reaction in the idiot.

To-day idiocy is looked upon as the most irremediable state imaginable. Reckoned as one who never feels attracted toward any special

individual, who shows neither gratitude nor grief, he has seemed entirely isolated from normal humanity and its activities. His general inaccessibility to psychologic investigation has largely debarred him from any psychic therapy. Can his limited intelligence be reached for analysis and help? In the first place the symptomatic picture of idiocy is too inelastic and static and does not universally apply to all cases alike nor even constantly to the one case. The state has fluctuations and variations comparable to all other living processes. Even though one finds the idiot for the most part has been accurately described, his potentialities for development are not so hopeless as we might expect.

Let us review what has been attempted in the past and note what steps have been undertaken for ameliorating his plight. The first serious attempt to open the mind of an idiot properly begins with the work of Itard, a pupil of Pinel, one of the founders of French psychiatry. A child about twelve years old, supposedly a savage, was found at the end of the year VII of the Revolution in the southern part of France. He was brought to the National Institution for the Deaf and Dumb in Paris, where Itard was physician in charge and the child was placed in his hands.⁵ In all Itard devoted four years to his training. Pinel said the boy was an idiot, but Itard doubted his master's opinion, and believed he was but an example of what any man would be if he were isolated from the stimulating action of civilization. The child at the beginning was far from being in a vegetative condition; on the contrary he gave evidence of great activity. He climbed trees, and exhibited extraordinary need for locomotion. When standing or seated he would balance his head and trunk like a wild animal. He stood extreme temperatures easily. He would not turn at the sound of a pistol shot but would turn if a walnut was being cracked (familiar food). Itard first educated the skin senses and within three months the child could distinguish between cold and warm, smooth and rough, soft and hard bodies. By putting him out in the cold after a hot bath he was made to get used to clothes which he soon learned to put on by himself. He grew very fond of his governess and when he lost her one day in the streets he cried bitterly. During four months the child did not seem to even hear the human voice. Itard repeated "Eau! eau!" in giving him water, but he never attempted to repeat the sound. Itard christened him on this occasion with the name Victor hoping that the sound *o* figuring in the last syllable would act as a key, but without success. He finally made the child

⁵ Itard, "De l'Education d'un Homme Sauvage," 1801.

comprehend familiar objects by drawing them on the blackboard and placing the objects over them. The child was slow to comprehend, but when once this test was known Itard did what Sicard was doing with the deaf and dumb, namely, to substitute names for drawings. The deaf and dumb easily pass from one set of symbols to the other; Victor, however, did not. Itard modified the method, and it is to him that we are indebted for the first idea of the well known form board. Victor learned a series of letters rapidly and later could assemble the letters l a i t for *milk*, etc. Itard became hopeful, and he had a right to be; when the child was brought to him he was disgustingly dirty, afflicted with spasmodic tremors, balancing himself like an animal and biting anyone who approached him. At the end of nine months Victor was far from normal but he was trained and civilized in many ways. Itard concluded that the child was not an idiot, that man in a pure natural state is inferior to many animals, being deprived of the "mental faculties of his species of intelligence and of affection"; that the so-called moral superiority which has been said to be "natural" to man is only the result of civilization, that speech—the question that troubled him most with the boy—is due to imitation, thus its possibilities quickly diminish with the increase in age and isolation; moreover, in the case of Victor, he could always express otherwise than by way of speech his simple and scanty needs and had formed habits of communication accordingly. In his second report, Itard admits that the progress of young Victor was not what he had first hoped. As audition had given practically no results in the first period Itard now started his work by the ear, with the result that Victor could at least recognize some sounds, mainly the voices of his companions and their sentiments as expressed through different vocal intonations. Memory was trained by a method akin to what we call to-day the delayed reaction. Victor would read the name of an object, then would be sent to fetch the corresponding object. At first he forgot very quickly. Then he ran in order not to forget during his trip, and finally memory lasted longer and longer. Itard's method was to go from the most unlike objects to the most similar, and the child thus came to recognize very subtle differences.

Victor, who had shown at first practically no affective life, later gave clear evidence of joy, of satisfaction, of sadness, of sorrow with abundant tears, and responded to praise and blame. Itard tried to teach him the notion of justice. One day when Victor was expecting a reward for good work, his master with a severe look dragged him toward a dark room. The child when he had been bad was sometimes taken there and always entered without resistance.

This time, however, his revolt was such that he kicked and bit his master's hand.

Itard's emphasis on puberty events is quite significant. He recognized the enormous help he could get out of the dynamic action of the child's impulses, properly directed. Speaking of his sexual development he says that the true education consists in taming this effervescence, not in killing it; that if one had dared to reveal to the boy the secret of his erotic nature an incalculable advantage would have been gained. Itard was afraid, however, owing to the slowness of Victor's learning in everything, that he might have been led to commit "acts of revolting indecency" while still in the process of being trained.

Thus marks the end of Itard's training of the young Victor. The child was becoming a nuisance in the institution. He was therefore left in the care of his governess in whose home he lived until his death in 1828, having remained an enigma for Itard.

A rather striking point brought out in Itard's reports is the difference between the method and the application, between Itard the theoretician and Itard the man moulding his child's mind. Itard was sensitive, and it is evident that he entered into the mental life of the child and went back to his infantile level, and this explains the remarkable progress obtained. When the child perceived "injustice," Itard says, "How sweet it would have been for me to tell him to what degree the very pain of his biting was filling my soul with satisfaction." The child, for instance, did not show any great affection when he saw Itard coming for the lessons, but at night when Victor was in bed and Itard entered the room he dragged Itard's knees and kissed them. "Say what you like," Itard exclaims, "but I admit that I lend myself easily to all these childish tricks. . . . Perhaps I shall be understood if we remember the enormous influence a mother's untiring devotion and love have on the child's mind, as through them the first joys of life are born." It may be noted in passing that so great is the opportunity to satisfy the parental libido hunger in all those who are in charge of these "children of the good God" that few resign when once they are thoroughly initiated in their work. Many superintendents of asylums facetiously remark that many of their best assistants are drawn from the class of dull normals, and with a somewhat blunted ambition in intellectual pursuits per se they more passionately devote their lives to their less fortunate fellows.

Whatever the theory of Itard, the fact remains that he succeeded for the first time in educating an idiot and to make an almost social

being out of him, which is a greater victory than what he thought he had done, viz., to train a child whose intelligence was asleep.

Itard was engrossed with the senses—and to his physiological method for their education we owe the introduction of a systematic training of the ear in the institutions for the deaf and dumb. Later, however, he admitted more and more Pinel's view that he had at first objected to, that one may have senses and not know how to use them, and that mutism could be due to psychic causes: "If the mind is not attentive enough to listen, memory faithful enough to retain sounds, etc., speech is impossible." Again, in what we would now call an hysterical patient, he says that audition is deceived by imagination. (One of his memoirs bears the title, "On mutism due to the lesion of the intellectual faculties.")

Two principles stand out clearly in Itard's work; first, his attempt to employ physiologic methods to reduce the incoherent mind of the idiot, and secondly, a natural application of the humanistic principles of Locke and Condillac then popular. The latter were merely accidental or intuitive and seem to have been entirely lost with the conclusion of Itard's four years' interesting study. Almost immediately following Itard's lapse of interest in his pupil, who by some strange trick of fortune proved idiotic as well as savage, the elder Seguin, fresh from the reawakened physiologic concept of the possible mechanical upbuilding the mind, forged a complete system of "intellectualization of the senses." His work, broadly constructive so far as mechanical and naturalistic and hence scientific principles could conceive of, left out the great and important vital principle, that the human soul (mind) is not a mere mosaic pattern, a summation of its parts or faculties, and any attempt to construct an individual in such a pattern must necessarily fail. To-day, the limited benefits of such a system are in evidence everywhere. One may say that all researches of an educational plan for all states of mental arrest have been transfixed upon this system, caught in this blind cul de sac and further progress by this route seems hopeless. What can be done further? We have to partly retrace our steps to the unwitting practice of Itard and also reach forward at the same time to the teachings of Freud in dynamic psychology. The former principle has already been outlined; the latter needs some elucidation at this point. Freud has shown that aside from the well known group of the neuroses known as the transference type we have a much larger group that insensibly extends its boundaries even to the most intractable psychoses; these are what he terms the ego or narcissistic neuroses. It will carry us too far afield at this time to even outline what we at present know regarding these narcissistic neuroses. Suffice it to say that they insensibly shade over

into types of mental disorders called organic or pathoneuroses such as paresis, chronic melancholia and schizophrenia (*dementia praecox*). As we pass in review the different types of narcissistic neuroses we finally come to the patterns of mental arrest in which idiocy is the final and most rudimentary pattern. In this state we find the ego libido seemingly completely absorbed into the most archaic pattern of human behavior which in its totality is hardly above the infant at birth; indeed, many idiotic infants show an ability to suckle or to be taught to do so. The latter type probably succumb in earliest infancy while those able to nurse may hardly pass this stage in mental evolution and continue a nursling's existence during their whole interned existence. To this latter type our study is particularly addressed. The state will be seen to imperceptibly shade over into the next higher state of arrest, that of feeble-mindedness.

We will first outline our method of opening up the mind of an idiot and our progress step by step; we may then give our hypothesis of what idiocy really is and how under a proper system of narcissistic transference one may steal into his archaic mind and seduce him to accept our pattern of development. How far and how wide our system may prove valuable in all cases only time and more evidence will disclose.

THE PSYCHOANALYTIC STUDY OF AN ILLUSTRATIVE CASE

With a strong narcissistic transference well maintained and heightened at special stress periods, the trial of an analytic approach was begun with a child of twelve years and now has been in operation for six months. It was assumed that our little patient was a completely narcissistic person, closed away from an interliving outer world in all respects except where he had some egoistic satisfaction to gain by giving heed to his surroundings. At the outset it was recognized that the instructor must be one specially gifted in easily winning the affections and cooperation of animal pets as well as children. The instruction was to be given "as though we taught him not" and furthermore the impression was as though the teacher were keen to adopt all the play and general activities of the child and that he was conferring a favor in allowing the instructor to participate on an equality. The idea was, once getting into the libido formation (emotional feeling) of the patient the instructor might entice him from his seemingly sure position of indifference to greater contact with his external world. This seduction was to be done only by investing fresh libido into the new or unusual things to be taught, thus enlarging the pleasure content rather than diminishing it as has been so frequently the case under the older systems of discipline

and command. Only too frequently in the past various types of activities taught have not been endowed with a sufficient coating of libido interest so that the training was a bitter pill indeed. The lack lustre eyes, pale countenance and distracted restlessness have shown what was really taking place. Whenever the instructor pressed too heavily for new adaptive habits the little patient himself tried various cajoleries to make him desist and turn to the child's own ideas and practices. Before each session he was always given something from which he derived pleasure so he might be extra receptive to the analytic or synthetic interests to be presented. In no instance was the full rapport allowed to be depleted so the interest would become boring.

It is noteworthy to see how, by using the patient's own methods, he responded quickly and without fatigue, but when these were at first departed from even in a trifling degree distracting resistance was easily provoked. Even hypochondriacal symptoms were induced (earache, etc.). As has been so thoroughly detailed elsewhere, only by libido investiture can any difficult adaptation be implanted in these veritable infants. The importance of keeping the interest continuously flowing was evident. Any blocking caused idiotic mannerisms, irritation, tantrums, restlessness, crying spells, etc., an indication that the cerebral lesions especially in the cortex probably imprison this libido not dissimilarly and overflow into the idiotic behaviors. This factor and not the lesions per se makes the clinical picture as we see it. Even after several weeks of analysis he shows he will brook no delay or distraction to his main egoistic interest and though he dearly loves his instructor this is largely narcissistic and easily cast aside if he does not immediately fit into his own selfish plans for enjoyment.

The case (Jimmy) is that of a boy now twelve years old. When first seen at three years of age he was a low-grade idiot, impossible of control or direction. His mental state was apparently secondary to a meningitis. The meningitis in turn was secondary to a double inhalation pneumonia from a severe chronic colitis at eighteen months of age. The boy was essentially normally endowed at birth, but had an acquired mental defect. He was placed in one of the best institutional schools for mental defectives for two years but aside from improvement in conduct, he obtained little mental advancement. The school was apparently not willing or able to modify the educational training treatment of the ordinary so-called feeble-minded child to meet the needs of this particular case. When he first came under my observation he could not express a want, depending on others to provide for him. He knew nothing at all about dressing himself and could not tell one garment from another.

He showed great activity and roamed aimlessly about, usually holding on to some round object such as a stick. At first it was almost impossible to gain his attention for more than a few seconds at a time. He became cross and petulant under direction, and the training was slow, due to his total lack of concentration. However, it was possible to add little mental drills each day until at last it became noticeable that he was beginning to show comprehension and to pick up words. He has been associated with children and adults of normal mentality during the past nine years, and through a slow process of education his mental horizon has gradually broadened so that he is now able to explain his wants in disjointed words and sentences. He understands any request, appears to have a rather remarkable memory as to where various articles are kept, and can procure them at short notice. He is spontaneous in his actions and perhaps the best example of his development is his ability to comprehend everything.

The analysis was instituted six months ago, as follows:

Jimmy was taken to a quiet room for short periods each day, where the instructor entered into his manner of play and general actions. It was apparent from the first that he wished to be "the whole show." If the instructor attempted to play with blocks or toys, Jimmy would drop whatever he was playing with, take the block or toy from the instructor and in a rather annoyed and disturbed tone say, "I'll do it!" Then he would be occupied with it for a few moments and return to his former play. The instructor played a passive rôle in this early association. He catered to the directions or actions of the child and assisted whenever he was willingly accepted. Efforts to ask questions during this play were always met with an inquiring "H'm" uttered in a pleasant, sing-song fashion. The instructor sat or lolled on the floor, imitating as far as possible Jimmy's actions and otherwise showing his complete willingness to cooperate in every way. In this way a feeling of complete rapport was established. This good feeling existed as long as harmony prevailed, but so soon as the instructor began to ask questions or assume an attitude foreign to that displayed by the child, he showed signs of resistance. He frowned, shook his head and showed a strong preference to be allowed to continue in his own way. Next he was removed to another room free from toys, and taken on the instructor's lap. Then a series of questions, relative to the boy's known accomplishments and general knowledge, was asked. But the patient was at once aware of the task before him. However, the general good feeling present prevented open resistance for he began to show an affectionate attitude, putting his arms around the instructor's neck, patting him on the face, and repeating his emotions many times as if trying

to coax him away from this new approach that was forcing him to respond. Each new trick started by the patient was immediately imitated by the instructor. This would cause the boy to smile and sometimes to laugh out in great glee, not so much in an amused way but rather as an indication that he was aware that his trick was being exposed. Nevertheless the good feeling was continued. The periods of play in teaching were short at first, five minutes being the maximum, but this was gradually increased as the patient showed a desire to continue. The next step was to play with him for five or ten minutes, then leave the playroom and enter a quiet room free from distractions, and place him on a chair directly in front of the instructor, who also sat in a chair with his feet surrounding the patient's chair. This was done to reduce the intense restlessness that was present, and which brought out some new movement or action as he tried to express himself. Then he began to respond to questions, sometimes making direct replies, or whenever he did not thoroughly understand the question he would respond by making some sound that could not be understood. It was at this stage of the instruction that he began to display various mannerisms, such as placing both hands on the instructor's shoulders, patting his cheek, stroking his head, putting both hands under the instructor's chin so that he might have his gaze centered directly on him, and when this was accomplished he would begin somewhat as follows:

"Tom—want to go taxi—(pleading tone)—good boy—go downtown—sit Mike—taxi—no nap—no go bed—go downtown—please may I?"

The instructor then began to use the child's gestures and manner of speech, asking questions and making comments just as he had done. This immediately brought about a state of understanding that was characterized by the patient smiling in a knowing way, and immediately responding to questions. In other words, when the boy was approached by his own method he responded, showing no resistance or fatigue. This play-acting or imitative process was carried on so that the patient and the instructor were able to keep up a rapid fire of conversation for a fifteen minute period. He showed no signs of fatigue or distraction so long as this method was used, but so soon as a foreign attitude was used he at once showed intense restlessness, either ignoring the questions entirely or resorting to his former singsong "H'm" repeated many times.

From this time on Jimmy was given ten to fifteen minute periods daily. He began to enjoy the talks and play acting and was always ready to enter into the game. During this first month it was still necessary to assume the position described above, that of having the patient seated in a chair directly in front of the instructor, but it

was noted that the restlessness was becoming less marked and that there was not the intense demand on the part of the boy to have the floor all the time. The lesson was always started by the instructor placing both hands on the patient's shoulder and saying, "Have talk." Patient's response to this would be a big smile, then he would put his hands on the instructor's shoulder, pat his face or his head and get his gaze directly centered on him. The latter followed each move that the patient made and at the same time asked questions in the patient's own language. The response was at once noticeable by the willingness with which he replied. The first lesson may be cited much as follows: Instructor: "How did you sleep last night?" Jimmy: "Sleep fine." Instructor: "How do you feel to-day?" Jimmy: "Feel fine—Tom." (Begins to pat instructor on face, smiles at him, gets hold of his hands and shows he wishes to talk. He is allowed to proceed as follows:) "Tom—Tom—little boy want to go taxi—go downtown." He is assured in his manner of speech that this will be allowed, and he responds at once with a big smile saying, "Soon? Bye and bye?" The instructor now goes through the patient's pantomime, saying, "What did you get for Christmas?" After much patting and display of affection, he begins as follows: "Toys—engine—coal ice-car—gun—fire engine—gun—Tom—(pats instructor's face, smiles at him, then repeats his favorite question)—"Go taxi bye and bye—no nap." His attention is once more gained by employing the caressing and petting motions and then telling the patient they are going to "have talk." Instructor now asks what they do during the day, starting off, "First we wash, then eat dinner; then take short nap; and then—?" Here the boy at once completes the sentence by saying, "Go downtown."

The above method is continued over and over, Teddy showing increased interest in the game, and by his responses shows that he has retained part of the talk given, for he now responds as follows: "Please may I go downtown?" He shakes his head in a knowing way. Generally speaking he has failed to use "I," referring to himself most often as "little boy." Then he says, "Take nap first." Occasionally he brings out some spontaneous remark such as, "Tom—little boy want talk"; or, "No go outdoors—too cold outdoors—play diningroom—please may I—downtown." Shakes head in the same knowing way and says, "Take nap first."

Towards the end of the month it was possible to have him center his attention on one subject for two whole minutes without interruption. This was in reference to what he had received for Christmas. He counted the number of toys, pointing to his fingers. Whenever he began to show distractions the instructor would gently turn the boy's head so that he had to face him directly, using the patient's

own method in bringing about this position, at the same time using patting motions on his face, shoulders and arms, using the same intonation when talking. At once the distraction would pass away; Jimmy would smile and enter into the game once more. His desire to do all the talking became less marked; he listened attentively to questions, turning his head to one side, not unlike a dog trying to locate a sound. When this motion was imitated, he smiled knowingly and responded to the question asked. If a third person was present during the lesson he became restless and could not respond very well. It was also noted that lessons initiated without first starting play action of some sort at the child's level were not so productive. It would seem that this short play period is necessary to create a proper rapport between patient and instructor and under this stimulus, or transference, coupled with the instructor's imitative actions, the boy is more free to express himself at his adaptive level.

Second and third month. The various methods described above were constantly employed during the second and third months of training. The boy continues to show marked interest in the instructor's attitude toward him, especially when the patient's peculiar antics are imitated. He notices paper and pencil on the desk, begins to talk as follows: "Little boy want write—may I want write—." Makes motions toward the desk, puts hand under the instructor's chin, pulls him toward him and repeats the sentence. He is given pencil and paper, and he at once begins to make marks, at the same time saying, "Little boy want write—little boy sit down on chair—little boy want write—one, Tom—Jimmy—and—write Santa Claus—little boy see ice—man—ice coal car—." Instructor asks what else did Santa Claus send, and makes motions toward paper. The boy answers, "Little boy do it." He begins to imitate giving a grocery order over the telephone, and keeps writing on the pad: "Soap—match—corns—tea—ice cream—," then asks for more paper, saying, "More paper—please may I have—little boy want to write." Suddenly he stops writing, gets the instructor's attention and says, "Little boy wash dishes—go downtown—want hair-cut—shoes—high shoes—see Dr. Murray—see Mike—Tom—little boy trying—to do—little boy outdoors, playing—little boy want go downtown first—Tom go downtown first—please."

He is given various objects, and seems interested in a watch, looks at it, smiles, places it against his ear, says, "Little boy, watch—wrist-watch—," points to wrist, grabs pencil, starts to scribble on paper again, then says, "Little boy go, go, go—go downtown, may I—no nap." He is asked if all the children take naps after dinner. He cocks his head to one side knowingly and mutters, "H'm—" several times. The question is repeated to him, he looks at instructor

knowingly and says, "No nap—go downtown, may I—take nap first—good boy."

Childlike drawings are made on paper for him. He recognizes drawings as boy and horse, and rubs pencil over them as if he were trying to rub them out entirely or trying to color them.

In one interview he entered the room, walked about in circles, finally took off his coat, rubbers and hat. When it was suggested to "have talk" he got a chair without direction, brought it over near the desk and sat down. He points to a picture of a girl named Ruth and says, "Oh Tom, see 'Oof'—paper, Tom, please—please may I—little boy want write 'Oof'—please may I," points to paper and pencil. He is given writing materials and at once he begins to make a continuous line of n's and m's at the same time saying, "Tom—go ice skate—write Marka (his nurse governess)—please may I go ice skate—Tom—Tom—little boy want ice skates—please may I have?" He is assured he will have ice skates and immediately he drops the pencil, throws both arms around the instructor's neck and kisses him saying, "Like Tom." Next he turns to his writing, begins to say as he scribbles away, "Shoes—sockings—cheese—desert—soap—corn—." Looks up, and says, "Little boy hold pencil—this way (imitates instructor)—may I have—paper—please may I have—paper—more paper—please may I have." He tears off paper as he has seen the instructor do, seems pleased at this accomplishment and smiles. By watching the instructor he quickly learns to turn the page over and write on the opposite side.

The day following he doesn't want to put on his overshoes and says, "Tan't." He puts his finger to his ear and with a pained expression says, "Sore ear—ear sore—go Dr. Murray." The instructor imitates this and the boy laughs. Now the instructor makes a motion to put the overshoes on himself. The child watches, makes hissing noise, cocks his head to one side and tries to copy the movements. This process is kept up, the rebellious attitude always passing away when he is imitated. Finally after ten minutes he has accomplished the task of putting on his overshoes, he gets up at once and says, "All gone, Tom." He is praised and he says, "Good boy—Tom." He returns the compliment by patting the instructor on the cheek and saying, "Like Tom."

He was walking about the yard later in the morning and saw a taxi come in. As usual he showed intense interest. His instructor was walking toward the taxi when Jimmy called, "Good boy, Tom—go taxi." He was told that he could go, so he got in the front seat with the driver and appeared genuinely happy. He frequently turned to the people in the back seat and showed his pleasure and happiness by laughing gleefully. Once he was asked why he was

so happy and he replied, "Like ride taxi." He observed other cars on the road and occasionally remarked, "Watch the cars—like watch the cars." As a taxi driver he knows well passed in another car he called out, "Oh—see Mike—see Mike." It was noticeable during this drive that he did not chatter so much about the things that mean so much to him, but confined his comments to things that fitted in with the group. When still about three miles from home on the return trip he was asked where they were going. He replied at once, "Go home." He was asked if they were on the right road and he quickly replied, "Yes." Later in the day his instructor asked him about this ride and he recalled much that had gone on, showing special pleasure in telling how he had "seen Mike" go by.

The boy is taken for a taxi ride again on the following Sunday morning and is delighted as usual. His comments during the ride are as follows: "Like Mike—like go ride taxi—like watch the cars." He observes a man walking and says, "Oh—man walk—man want taxi." A street car is seen approaching and he says, "Street car, Tom—man want street car." When they return they have a chat. While talking the instructor places his feet on his chair, which he does not like. He frowns and tries to push the feet away, saying, "Tom—make feet go away."

On Monday the boy is told to go over to the cottage to his instructor. He runs, comes into the room smiling and says, "Tom, want write." The desk is covered with many different objects. He objects, shows some anger and it is suggested that he clear off the desk and put the things in some other place. He objects mildly, but removes the articles one by one. The instructor suggests that he carry something in each hand. He complies at once, is very impatient and keeps saying, "Want write Tom." Finally he has completed the task, gets his chair, quickly moves it to the desk, and looks disappointed; says in a hurt tone, "Tom—want paper." He is told he will find some in the drawer. He quickly opens the drawer, smiles gleefully and says, "Oh—gooie—gooie." He gets the paper and pencil and begins to make n's and m's saying, "Like to write, Tom." Asked to tell what he is writing he says, "Miss Jones." Once he looks up and says, "Oh, Tom, o's—o's." He makes a series of o's, begins to scribble on the arm of the chair saying, "Tom—write on chair." He shows signs of tiring, puffs up his chest, looks away in a distracted manner, repeats the puffing several times, puts his arms around the instructor's neck and whispers, "Tom—want see Mike—want go taxi—no nap—Tom." He is told he can run out and play. He does not want to go and says, "No, no—sit down chair—write—write." He says, "Write Santa Claus." The boy is assisted in buttoning his coat, and walks out saying, "Goo-bye, Tom."

On another occasion he was upstairs with Miss Brill. He is asked to come down. Miss Brill asks him if he wants to go down with Tom. He hurries downstairs but is reminded that Miss Brill is asking him something. He stops quickly, stands still. Miss Brill asks him where he is going and he says, "Go downstairs—write doctor's chair." He walks to the office quickly saying, "Like sit on chair, Tom—paper may I have, please." He begins to write, looks up quickly and says, "Tom, little boy want gun—big gun—boy want shoot big gun." He looks out of the window. The instructor asks him what he sees and he quickly answers, "Pigeons." There are several pigeons on the barn. He continues, "Little boy—little boy—want see Mike." The instructor gains his attention by placing his hand under his chin. He looks up and smiles. The instructor says, "I want to see Mike." After several attempts, steadily keeping his attention, he finally says, "I want—to—go—downtown." He smiles again, turns to his writing. Instructor asks him to tell who cut his hair. He quickly responds, "Man." The instructor asks several times, then tells him George cut his hair. He says, "Yes," and quickly shakes his head in the affirmative. After awhile he is asked again and he says, "Man—George." When asked again, he smiles, laughs out loud and says, "George cut hair." He asks, "More paper." When no attention is paid to his request he places his hand under the instructor's chin, pulling him toward him, and says, "More paper." The instructor makes no move to get the paper and he makes a face as if in pain, then says in a pitying voice "Earache," and pats his ear. The instructor repeats his facial expression and motions; the boy continues to cry and speak of his ear. When the instructor makes a movement to tear off a fresh sheet of paper the boy smiles happily and reaches for it saying, "Earache—all gone." When given the paper he says delightedly, "Gooie—gooie." Next time when he wants more paper he says suddenly, "Please may I have more paper?" He says, "Want cut those—little boy want scissors, Tom." He is told to go upstairs and get the scissors. He hesitates, cries a little, repeats his question several times and seems disturbed. When he does not want to do this, he gets in a tantrum, stiffens up, says his ear hurts. The instructor pats him on the face and shoulder but the tantrum does not subside entirely. He is encouraged to go upstairs, which he does reluctantly. On his return he sits at the desk and suddenly his face brightens and he says, "Earache all gone, Tom—like cut paper." When called upon to make any new adjustment he shows the reaction noted above.

Jimmy is in the main house when he is told he is wanted by Tom in the cottage. He is much excited and says, "Oh—gooie—oh,

gooie—go see Tom—write.” He runs to the cottage, enters hurriedly and sees another man in the room, whereupon he says, “Hello, Fred,” quickly removes his coat and hat and has some difficulty with his arctics. His voice takes on a whining tone and he says, “Sore ear.” He pats his ear as the instructor inquires what is wrong with the arctic. He replies, “Too tight shoe.” The instructor shows intense interest in the arctic and he tries hard to remove it. The instructor makes motions on his own shoe while the boy looks on with head cocked to one side. He begins to imitate the movements. The instructor makes a grunting noise as if trying hard to remove his shoe. Jimmy copies him and finally his arctic begins to move. As the instructor continues to make great effort Jimmy begins to laugh. The instructor says, “Here it comes—arctic coming off,” whereupon the boy laughs again, tries hard and his arctic comes off. He says in a relieved tone, “Shoe off, Tom.” The latter points to the arctic and says, “Arctic off.” The boy says “Yes,” nodding his head, and finally after much repeating the boy says, “Arctic off, Tom.” Now he hurries about the room, goes over to Fred and says, “Hello, Fred” pats him on the shoulder, walks to the big arm chair, sits in it saying, “Doctor’s chair, Tom—like Doctor’s chair.” He begins to rock and sing “Rockabye, Baby.” The usual preparation for writing proceeded, and not once during the interview did he say, “More paper,” but when he required more he said, “Please may I have more paper,” or “More paper Tom, please,” and once said, “May I have more paper please Tom.” This is one of the most complete sentences that he has ever made up to the present.

He frequently says, “Little boy—want go taxi.” Each time he does this his attention is called to the personal pronoun until he quickly repeats “I want to go taxi.” He was much pleased when allowed to play the automatic piano, repeating over and over, “Like to sit in chair and play piano.” When the music roll is completed he is shown how to re-roll it; he likes working the pedals but becomes angry when no music comes out. He stiffens out, points to the keyboard and does not seem to realize the roll has some connection with the sound of music. A game is made of re-winding the roll and they make believe they are running a train; he smiles but the game is not as pleasing as making the music and he seems disturbed and says, “Tom—like play piano.”

Fourth month. Efforts to create a better adaptation to social customs have been carried out during this month. This was introduced in the form of having him enter into group settings under various circumstances and in giving him individual attention in the form of games and talks at his level of adaptation. The results show this

effort to be beneficial in producing increased and prolonged attention.

He is now able to be with groups of three and four while the instructor reads aloud. All squat on the floor. He willingly enters into the spirit shown by the others, looks about from one to the other, smiles to himself, and then begins to copy their physical posture and listening attitude. Once during such a session a door was heard to bang, whereupon he looked up quickly and said, "Door bang shut." When he showed signs of restlessness as the story was being told, he was addressed individually and told what the dog and the cow in the story were doing. This personal attention pleased him and he again sat quietly and listened to the story. It is worthy of mention that he can enter into such a social grouping without showing the marked restlessness that was so apparent in the past. When asked questions about the wooden animals he is given to play with, he will mention the animals he knows about the place and what he has seen them do. For instance, he tells the instructor: "Cow hungry—eat supper," and builds a place for the toy cows to eat, placing them side by side as he has observed in the barn. "Bessie—Mollie—hungry—eat supper." He becomes thoroughly interested and keeps at this form of game for twenty-five minutes at a time.

Fifth Month. The general training during this month has been a continuation of that described in the previous month, namely, centering our efforts to gain Jimmy's cooperation in a group.

A group of three sit on the floor. Jimmy begins his chatter saying, "Jimmy do it—Sammy—watch Jimmy do it." Sammy (a boy associate in the group) corrects Jimmy, saying, "Watch me do it." He agrees with a nod of the head and one word, "Yes." The instructor and Sammy take turns in getting his attention and having him repeat, "Sammy, watch *me* do it." He never fails to repeat after them correctly, but in a few moments will make the same error again and at once his attention is called to the mistake and he quickly corrects himself with an annoyed nod of the head. Once he seemed angry and said with much force, "Sop it, Tom."

They try writing. Sammy writes, Jim watches. All three have paper and pencil. Jimmy wants to make his usual n's and m's, but they coax him to make an effort to follow what they are doing in making certain letters. They start with O. He does this well. After a time they try to get him to make X—this is confusing, and as he cannot seem to grasp under collective instruction, he is given individual attention, after which he is able to make the X. Suddenly he announces he wants to "play blocks." The others agree at once. Here he is able to follow out a given direction and complete it. All three work on the same figure and Jimmy follows in his

turn without making an error. He knows just where to put the block and claps his hands with glee every time he successfully places one.

Much time is spent in this group work. He is noticeably quiet, watches his turn to play and does not insist on having everything his way as he formerly did. He shows great affection for Sammy, and wants to hug him frequently as they play. Formerly this attention was directed towards the instructor. The introduction of one or two children into this form of group training has proven extremely helpful. The boy still insists on saying "Jimmy" but will correct himself and say "I" at the slightest hint. He is less restless, and his general behavior shows that he is gradually giving up his insistent attitude in having his own way. This is especially true about waiting for the morning meal. The former restlessness almost bordering on a tantrum if he could not be served at once has been helped by having him assist the waitress in setting the table and also giving him other types of constructive occupation. Under the nutritional urge he speaks very well, occasionally giving long sentences, such as, "Please, Tom, hungry—may I have supper please? Ring bell, Tom—supper ready soon."

A large variety of blocks have been secured and Sammy has introduced a new interest in this group work by his enthusiasm and nice attitudes towards Jim. The result is that the latter is active in the play and constructive side of the work. His love for Sammy enables him to willingly assist and concentrate for longer periods on the work in hand. Then his conversation is more spontaneous. He frequently makes the statement, "Watch Jimmy do it," and he is continually reminded to say, "Watch me do it," which he now does without annoyance. He always appears willing to leave anything he may be doing to "work" or "have talk." His face beams as he squeezes his arms to his sides in a spasm of childish glee. He runs towards the office, enters the door, locks it (an accomplishment recently acquired), takes off his coat and throws it carelessly on the couch. When attempts were made to teach him to arrange his coat more orderly, no matter how gentle the instruction was given, the boy objected to such a custom by immediately frowning, shaking his hand or closing his fist in a gesture of extreme annoyance. Still the instructor goes through the motions each morning; the coat is either hung up or folded and placed on the back of a chair. As long as others do it for him he shows no annoyance. It is only when he is directed to do it that he shows his displeasure. Gradually a game is made of it; he is praised; great enthusiasm is shown at every effort he makes, which spurs him on. He laughs, and under this stimulus he finally accomplishes the task alone. But he forgets to

do it the next morning. The instructor reminds him and says, "Let's put coat and hat away first." He shows some resistance, stiffens up a bit, but when motions are made to do it for him he pushes the instructor aside and in an annoyed tone says, "I'll do it" and puts the coat and hat away carefully. On one occasion it was decided to engage in free individual play. Each of the group was to make what he wished. Jim appeared to be at his best and kept up a constant chatter somewhat as follows: "Sammy watch Jimmy—Tom see Jimmy do it." He placed blocks together as he had observed Sammy do in previous lessons. During this period of free play which took up thirty-five minutes he never lost interest.

As spring days had come, it was announced that they would carry the blocks to the porch. Ted showed no enthusiasm although the instructor tried to make it a game. Finally the latter said, "Let's take all the blocks out and then after we have made something with them we will all go downtown." Jimmy was immediately alert. He said, "Tom—go taxi—please may I?" Having gained his attention, the instructor told him if he would help take the blocks out and worked well they would all go downtown. From then on Jim was all action. He carried a few blocks at a time. When it was suggested that he carry them in a basket he found the wastebasket without being shown where it was, filled it up and carried the blocks until all were taken out. The promise of the taxi ride created such enthusiasm that he even continued to play with the blocks for half an hour afterwards without signs of distraction from the time the reward was offered.

On another occasion the instructor started the daily training period and left Jim and Sammy on the porch, retiring to a room a few steps away. They called to the instructor about what they were making, how the play was going, etc. From time to time Jim would call out in loud sing-song tones, "Tom, oh Tom—watch Sammy—Sammy do—Tom—oh!" Occasionally he would leave the game, come to the door, look at the instructor and say, "Hello, Tom," smile and return to his play.

He has been able to copy almost everything that he has previously made with the blocks and has a good memory of the work, for he frequently starts the day's lesson by making something he has learned in previous lessons. He never fails to call attention to an accomplishment of this sort. Giving libido, offering suitable rewards that will stimulate him to make better efforts, assisting him to get a task started and leaving as soon as he gets it going, all seem to be important factors in gaining his cooperation in group work. This

method automatically causes him to give up his closed system. Another way of approach is given in the following instance:

Jim enters the room. The instructor and Sammy greet him pleasantly but remain seated, saying nothing. He walks up and down restlessly, saying, "Cold outdoors, Tom." The instructor agrees, saying, "Yes, it's very cold" and is again silent. The boy hesitates, looks at him quickly, and seems to sense something unnatural about the setting. His voice is somewhat anxious as he says inquiringly with a slight rising inflection, "Halloo, Tom," looking at him sharply. The instructor says in a very pleasant tone, "Halloo, Jim." The boy is evidently not fully assured for he says, "Good boy, Tom—play blocks Sammy may I please?" The instructor agrees, whereupon he smiles happily and gets the blocks. He notices that most of them have been removed and says, "Blocks gone Tom. Betty take blocks Tom—Betty bad—bad girl Tom." (The day before Betty noticed they were playing with her blocks; she claimed them and took them away.) The instructor suggests that they start a game with what blocks they have. Jimmy again smiles happily and at once starts in. First he makes something he has observed Sammy make in previous lessons. When they suggest that all three play Jimmy does not object. He leaves his own play willingly and shows a perfect comprehension of all that is said. He keeps up this cooperative play for ten minutes—then he shows signs of distraction; he puffs once or twice and begins to ask questions and make statements. It is evident that he is not getting enough out of this plan. The instructor and Sammy begin to take him into the plan by frequently asking his opinion. He is apparently pleased with the extra attention, which, however, is not in accordance with his own system for they ask a series of questions in regard to what he thinks of the work. He smiles, says "H'm" several times as if he were trying to understand and once or twice said "Yes." It is apparent he would like to win the other two over completely, but he recognizes that they do not fully agree with his scattered comments or restless physical activities, for they constantly make light of it or show their disapproval of his narcissistic activity, so he loosens his system to take on theirs. Nevertheless he is constantly trying to catch them off guard and win out. To accomplish this he may say, "Please tie shoe for Jimmy please—Tom—Cush do this" (blows imaginary smoke in the air as he has observed the young men do; then laughs heartily).

He is showing more and more willingness to have the talks and training hour. He insists that he get in the office each time he ob-

serves a patient go in. At such times he gets angry and says, "Want see Tom first," shaking his hand and closing his fist, walking about in a disturbed manner. His love for Sammy grows; he watches everything he does and learns most of his group play and cooperative ideas from him.

We may state the successive steps by which this process of analytic therapy has been developed. First, the method is perhaps most valuable in the lower grades of mental arrest inasmuch as the tension of libido is here the greater; the higher grades not only are more fixed in static patterns but are also more nearly adapted to our so-called normal patterns of response. The libidinal transference in the latter also may partake more of the nature of object libido transference and thus ally the procedure nearer to that used in the transference neuroses. This fact may render an easier leverage for unwinding the libido binding to the ego. What one loses in looseness of libidinal binding in the higher grades may be compensated for by the use of the more potent object libido transference. The first step, as shown, is the continued individual giving of libido; this results in the analyst being able to peacefully penetrate the narcissistic libido formation about the egoistic interests of the idiot. Then the real struggle begins. The idiot strives to incorporate the gifts of the transference to his own patterns of satisfaction constituting the whole process as his own special narcissistic triumph. But the analyst keeps a string attached to the gift and threatens a withdrawal unless certain of his desires are acceded to. The internal struggle then grows more intense, for he is vaguely aware that he must either partly surrender or suffer another castration as initially experienced at birth and the subsequent weaning from the breast and napkin. Finally his obduracy is overcome and he submits more or less completely to the seduction. This is the first and most important step in the whole process, and if this is not gained nothing else in the analysis is possible. Supposing this is accomplished, the next step is to spread the relationship from the analyst to one or two others, either to so-called normal children or to others of a higher mentality who may serve as social collaborators. During this second stage successive identifications are formed, and the ego stature thrives apace. Not the least is the increase of the awareness on the part of the subject that he is a specific personality among other personalities. The third step is the ability of the idiot to himself maintain a system of play and work for its own satisfaction in the presence of, but not immediately participating, instructors.

Whenever the objectivated interest lags, the parent or instructor reenters the narcissism and strengthens the outflowing stream of object

libido. He sets new objects before the *id* to embrace or seduce the libidinal current to reenter the service of objectivated interests. The final step is to induce the idiot to accept symbols of parental libido so that he may continue to develop his objectivated existence without the analyst, and thus to finally incorporate the narcissistic transference of the analyst (the identification) as an ever present ego ideal within himself, to serve as a mentor to continued development without outside aid. This process is analogous to the successive steps in the normal integration of personality in the infant. The latter has been expounded at length in the preceding article embracing both an objective and a subjective study of ego development.

To recapitulate: the first step is a peaceful penetration of libido, given by the analyst on condition that the idiot will give up his separate or isolated existence; second, for the idiot to accept the group contact and a socialization; third, to operate his objectivated interest with occasional and intermittent supervision and libido giving; fourth, to break the analytic contact and identification and introject the analyst as separate from his own ego formation, and that, too, as an essential part of his ego ideal; the latter to become an integral part of his personality as a self developing individual. If psychoanalysis is to be considered as solely a procedure as we now use it in the transference neuroses, then this whole process is not strictly psychoanalytic, but if psychoanalysis is capable of being extended to this form of treatment, then the method is really a practical form of psychoanalytic therapy.

In conclusion we may say that idiocy and all states of mental arrest are probably subject to mental analysis as well as psychoanalysis; that these states are in the terms of dynamic psychology ego-neuroses of narcissistic origin or pathoneuroses of intrauterine life or earliest infancy; that the cerebral lesion or lesions wound the ego organ (the brain) and in consequence the narcissistic libido is imprisoned in these damaged structures, thus preventing free circulation and upbuilding of the psyche. The clinical picture is one of an almost pure form of ego pathoneurosis of infancy consequent to this damming up process. Fortunately in the majority of such cases there is some libido not entirely engulfed within the ego; this, however, is largely of the narcissistic type and to be made useful in the retraining and development. We must first give libido to these little charges instead of extracting it by disciplines and commands. Once freed in part by more libido formation in play and personal living advantages the same may once more be gradually placed toward ego development and finally to objective interests and love so that later socialization may be brought about as in normal children. The

fault heretofore has been in placing too much stress upon mechanical (physiologic) principles and not upon the libido as the emotional leverage by which the intellect as such may be quickened and made alive. In part this stress laid upon the importance of the emotions is not new in that Itard and many a faithful worker in the educational field for this feeble-minded class have operated practically with the same general results that we desire to bring about. The main contention is, however, that the accent on using the emotions is not on that point alone but in addition should be brought into play in the light of Freud's work in dynamic psychology and as such to be employed by those skilled in psychoanalytic technique and its practices. Finally, not the least advantage of our preliminary study is the influence of reawakened attention which this manner of approach may have in all teaching for many so-called normal children only a little retarded in mental development in which the ego development is perverted or not properly sublimated into objective interests of normal living.⁶

A BRIEF RESUMÉ OF DISCUSSION BEFORE THE NEW YORK PSYCHIATRICAL SOCIETY, MARCH 3, 1926

DR. A. POLON said that Dr. Clark's mode of approach was essentially psychoanalytic and his coordinates were as follows: (1) The polarities of the human personality in terms of ego and libido. (2) The tendencies of the organism to regression and progression. (3) Object libido and narcissistic libido. Theoretically Dr. Clark's procedure is quite sound. To cut this vicious cycle is the gist of his therapeutic aim. The potent therapeutic factor is the mobilization of the patient's libido out and away from the anchorages of his somatic fixation.

DR. G. V. HAMILTON said he was able to induce sadomasochistic behavior in monkeys and baboons by creating an unmanageable environment. By bringing environmental manageability within their adjustive capacity it was possible to effect a redirection of adjustive effort from self to environment. Dr. Clark's success with this child not only served to exemplify the value of the dynamic principles but made one almost wish that for the idiot's sake psychometric tests had never been invented. One must be prepared to view the idiot behavior in a broadly ontogenetic and phylogenetic perspective; and still more important, to study the emotional reactive

⁶ Acknowledgment is due my assistants, Mr. T. E. Uniker and Miss A. G. Brill, who have had the training of this boy for the past nine years under my immediate supervision. The child is still under my care.

values involved in the situations to which these patients react. This is what Dr. Clark has undertaken to do.

DR. H. W. POTTER said the value of the method of descending to the patient's level and giving him libido was well demonstrated at Letchworth. Persons of lowest grade mentality have been found capable of doing manual types of work which heretofore had been regarded as possible only for patients of a much higher mental grade. As a result these patients have become in every way more social beings. As a by-product, they have saved the institution several hundred dollars. It is essential to secure the right kind of persons for the work.

RESUMÉ OF DISCUSSION BEFORE THE NEW YORK PSYCHOANALYTIC SOCIETY, APRIL 27, 1926

DR. P. H. LEHRMAN said as a work of scientific curiosity Dr. Clark's study was courageous. Its therapeutic aim seemed to be to endow the idiot with that which he lacks: the object-libido phase of his development. Jimmy had a normal endowment at birth. Only when the meningitis stopped further progress (libidinal development) did the protective regression to an earlier phase occur. Our task is to rescue those remnants of the psyche narcissistically entombed and endow these remnants with what the patient essentially has not got: object libido.

DR. D. FEIGENBAUM said the idiot's intellectual deficiencies, absence of sublimation and inhibitions are subject to psychiatric research. Normals share frequently narcissistic, sadomasochistic and other phenomena with idiots but differ in their ability to hide them. Thus exhibitionism appears as the main reaction with idiots. The metapsychology with normals reveals the castration complex as the background for exhibitionistic tendencies. With idiots this amounts to a "castration disaster." The psychological result of brain lesion (shock) is the castration disaster. The consequences are regressive mechanisms. The criminal (as a comparison) becomes antisocial because he has not found exhibitionistic outlets, as with idiots or artists. Exhibitionism furthermore might be interpreted as the pathological expression of a desperate need for social contact. Dr. Clark said idiots show little of their unconscious. Dr. Feigenbaum's opinion was that they show nothing *but* their unconscious.

DR. A. STERN said the paper brought out the existence in the idiot of an hypertrophy of the ego. Dr. Clark regarded the injury as needing a defense reaction in the form of an hypertrophy of the ego, suggesting what Hollos and Ferenczi have indicated for the

paretic. We cannot speak of regression in the idiot because he has not at any time developed his ego to any extent, certainly not to the formation of ego-ideals. In the paretic ego-ideals have been in existence and destroyed. Object libido is evident; what the idiot wants he takes in—giving out little. The idiot introjects the object, but what does he do with it? The neurotic does, too, but then he does something with it that differs from the idiot. Following the introjection the idiot "identified" the object. The dull normal may easily identify himself with the object of the idiot. As to therapy, the active agent is the giving of libido (primitive, mother love). The more readily the idiot can identify himself with the individual treating him, the greater is his response. However, his growth is very limited, and because of his inherent ego defect he cannot develop ideals beyond a very limited level, and even these ideals are of a very unstable sort and are essentially influenced by external circumstances so that if one gets a result in which one sees a diminution of exhibition of the impulses in the natural state, one feels that he has attained a very remarkable result.

DR. S. E. JELLIFFE said if Dr. Clark's study embraced the group at Randall's Island the latter was very complex and only by the greatest laxity could be named idiots. A few may be found subject to a psychoanalytic investigation per se but for the majority it was impossible. A psychoanalytically oriented series of theoretical considerations relative to certain types is valuable, but to extend these to the fictional conception of "idiots" as on Randall's Island seemed undesirable.

DR. C. P. OBERNDORF said he was unwilling to undertake an analysis if the patient showed mental defect, and asked if Dr. Clark were justified in applying the term psychoanalysis to any mental procedure applied to a person with so limited an intelligence. Psychoanalysis is essentially an understanding of the dynamics of transference and resistance on the part of the patient. Is the quantity of libido in the idiot in any way comparable to that in the normally developed person? Is there any such thing as repression in the average idiot? Does he show bitter conflicts between his repressive mechanisms and instinctive trends? Is there such a thing as an ego-ideal observable? Is the transference developed by him ever sufficient to be utilized effectively in altering the pathological condition he shows? Have not Seguin and others employed a similar approach? He believed the picture to be confused by the statement that persons of low grade intelligence get on best with the idiot and then Dr. Clark states that persons must be well trained in analysis of the narcissistic neuroses. Who is well trained in the narcissistic

neuroses? They are still a difficult proposition. The question of castration complex—how far would this analytical mechanism be comprehended by the idiot? It would seem entirely impossible. Is it worth while from a practical standpoint? Is the idiot worth the time expended? The analyst is a skilled physician—cannot results be obtained by others? Does Dr. Clark think the idiot really has much of an unconscious? Is his conscious and unconscious not very nearly identical, because after all, the unconscious is made up of repressed material which in all degrees of idiocy is minimal.

DR. A. KARDINER said Dr. Clark points out clearly that the psychiatrist has long suffered from the same handicap that Starcke points out in handling schizophrenia—the psychiatrist's own narcissism. In so far as he understood his own narcissism he was in a position to make concessions. Dr. Clark has pointed out there is a definite relation between libido exchange of the defective and his adaptability to environment. This in all probability is a second principle to work on and is an extension of that we have known for some time, that in narcissistic conditions the bestowal of libido rather than withdrawal constitutes the therapeutic approach.

It is dubious whether there will be any startling results from this method, which in reality is giving a new name to an old method. Therapy for the idiot is a quixotic endeavor. It is undoubtedly only of use in higher grades. What is the use of this investigation? Probably none. We may learn something that will cast light on the transference neuroses. The application is limited—the idiot is not simply an arrested infant but is something primitive and distorted. Dr. Clark has merely applied psychoanalytic terms to previously observed phenomena. To call the idiot's reactions a neurosis is a far cry. Dr. Clark has given little evidence to show where the conflict of the idiot is, which reactions result from relations to libidinous conflict, and which from non-contact with the environment. Repetition and sadomasochism are found in traumatic neuroses and epilepsy as well. We can formulate a better program by comparison with two other conditions: the narcissistic neuroses (which Dr. Clark has drawn heavily from) and pathological ego reactions. Look for these phenomena.

DR. A. A. BRILL agreed with others in their opinion that idiocy was an indefinite group. He objected to the comparison with the child or animal or savage. The child has a perfect mechanism and all it needs is contact. Bleuler says the animal brain is a simple machine excellently adapted for the required situations and can no more be compared to that of an idiot than a badly constructed chronometer to an hourglass. The cases described were of individ-

uals who never really developed and showed a restricted or very bad mentality. It is wrong to talk about regressions. We mean a return to an early infantile stage when we speak of them. The idiot has never progressed to any adult level. Whatever the idiot does he is behaving like some of the lower animal species and it is more or less unconscious. How can one talk here about psychic complexes? It is an injustice to the psychoneurotic and psychotic. Dr. Clark has approached the problem of the restricted development of the idiot from the viewpoint of a psychiatrist who has been trained psychoanalytically—which is the only way to approach any mental problem. Doing this he came to interesting conclusions. The work is surely worth while. It should be done by those interested in it. If one can use a dull normal and get moderate results it is worth while. The analyst needs time—how can he occupy himself with such patients? It is not a question of analysis, although as a theoretical problem there is room for speculation. One cannot speak here of such complex problems as identification and castration. One might interpret their behavior in any way one wants. The described mechanisms (sodomasochism, etc.) are primitive activities found everywhere, in normal children, apes, etc. The same is true of simple primitive swaying and screaming. They represent oral-anal expressions of the autoerotic type. But one cannot go beyond this in comparing the idiot's simple acts to that of a child, monkey or savage. The results are limited. It may be worth while to make this great effort if one can find persons willing to devote their time to this work.

DR. FRANKWOOD WILLIAMS said we have learned that the feeble-minded person can be socialized, and he supposed this socialization had taken place along the lines that Dr. Clark spoke of. The field that has seemed so utterly hopeless has been that of the mental defective, and it is quite possible we have found the key which at least will unlock some of the anterooms of that problem, rather than to rush in with our half information about heredity with the idea of clearing up the whole problem. Dr. Clark's paper is very full of suggestion, and opens up great possibilities.

DR. M. A. MEYER said the two chief defects in the idiot seemed to be an arrest in development and limitation in his growth power, and a distortion due in part at least to a reaction to the arrest in development. The arrest in development is such that the I. Q. is uninfluenceable to any considerable extent, so that it would seem that the great effort needed, and the amount of time required by a first class analyst would hardly be repaid as far as the individual is concerned, and since the development is on the basis of the age of three

it would seem that the more logical step would be to devote the time to the analysis of children to that age, rather than to analyze the idiot as such.

DISCUSSION BEFORE NEW YORK NEUROLOGICAL SOCIETY, MAY 4, 1926

DR. H. W. POTTER said Dr. Clark's study was a very valuable sidelight in his work with mental defectives in a large State institution. As to the term idiocy, of course there are all kinds of idiots, almost as you might say there are all kinds of normal individuals, and he was under the impression that Dr. Clark was speaking particularly of idiots of secondary origin, that is, due to meningitis or some other cerebral accident. Whatever the etiology is of these cases, we see this type of narcissistic behavior in many idiots and also we do not see it in many other idiots; and that brings up the question of just what the relation of this behavior is to the idiocy or what the relation of the idiocy is to this narcissistic behavior. If you go through the dormitories where there is a large group of idiots you will see a certain number of them who are practically identical with cases of dementia praecox that we see in the back wards of the state hospitals. One begins to wonder if there be such a thing as *infantile* dementia praecox, because this reaction is so remarkably comparable to that of certain deteriorated types of dementia praecox; so that it even brings up the question of what relation the narcissistic fixation does have to the development of intelligence. He would not be surprised if quite a few persons were thinking that all that Dr. Clark has said may be very nice and very interesting, but how are we ever going to use it practically? He would like to say that it can be done, and it is being done at the present time in many of the institutions, and it is being carried on on a very large scale at Letchworth Village. It is being done not in an individualistic manner as Dr. Clark's method, but it is being done effectively. At Letchworth there is a very large class, with over 250 patients in it, with three or four periods scattered over the day. The woman in charge of the class is the only one who can carry the class on. She started about 18 months ago on a very small scale, taking four or five to begin with, and getting this group to do some of the most simple things, the things that are obviously of considerable use and in which the patients take almost immediately a definite interest. In other words, as Dr. Clark would say, she coaxes out the libido of these patients onto their environment. It seems that there are certain of the higher grade defective girls that can be picked out to assist the instructor. This

has been of decided benefit to the patients and to the general management of the dormitories in which they live. The patients have changed from untidy, practically vegetative organisms, to children who are more or less alert to their environment, and they are able to keep themselves clean, and care materially for themselves. In the second place, the things which these children make are of practical use to the institution. An interesting point is that as far as the test of intelligence is concerned, they have not gained anything at all. In other words a child with an I. Q. of 25 when it started in the class, despite the fact of his tremendous social and emotional improvement, will remain at the same intelligence level. But that is neither here nor there, because they are much better individuals socially, and the institution is much better for their having done this work.

DR. P. R. LEHRMAN said his experience with idiots was very limited, except for the occasional emulation of them. Facetiously, we may say that heretofore we have been trying to think idiotically, but Dr. Clark stresses the fact that we should also try to feel idiotically, and perhaps in that way we can get a better understanding of them. Certainly it would seem that the approach he is attempting would be encouraging from this standpoint. What he is trying to do is to apply his psychoanalytic insight to a very fundamental factor, the lack of which causes the idiot to react more idiotically. The idiot usually lacks the object libido side of his development. In that particular he is entirely different from the schizophrenic and the encephalitic who have had object libido in their development, but due to their disease process have lost it. In dementia praecox what we are attempting to do is to rescue some part of the object libido that has been lost and bring it forward. In the idiot Dr. Clark wants to add something, and this addition Dr. Clark thinks can be utilized for the better socialization of the idiot. It would seem to Dr. Lehrman that the approach itself is an extremely courageous one, and it certainly ought to be encouraged. It is an approach that might help the teacher in handling the problem much better than he has been able to handle it before.

DR. S. E. JELLIFFE said Dr. Clark was an incurable idealist. Seen from the viewpoint of the Einsteinian gravitational frame, they belong to the same class. He had been called an idealist as much as Dr. Clark, and therefore he was in accord with most of the points of view expressed, and sympathetic to them. He could quite understand why Dr. Clark should go into this situation, surrounded as he had been from his earliest years in his psychiatric work by extremely difficult problems. They have not been easy to solve, and

he thought he could say that Dr. Clark has not been content just to get his meal-ticket; he wants to earn it, and therefore he has dug deeper and deeper and still deeper into these most difficult problems with the idea of some effort at solution. He did not think that Dr. Clark was a blind optimist by any manner of means. He has already nicely said that he is not expecting to rejuvenate a whole class of individuals that he has roughly delineated as idiot, and at any rate, the point of view is certainly worthy of a great deal of consideration.

Dr. Jelliffe said he had just been trying to struggle through a recent book called "The Meaning of Meaning" (by C. K. Ogden, International Library of Philosophy, Harcourt, Brace & Co., New York), and in reading it had been more and more convinced of the validity of that cynic's definition of what a "normal" person was. He said that a "normal" person is an idiot who is able to conceal his idiocy. In an appendix to this interesting book Malinowski, reader in ethnology at Cambridge, gives some very interesting illustrations. He said: "Once I placed myself in the midst of a group of New Guinea savages and listened to their pow-wow, and as I listened to it, there were certain sounds with which I was more or less acquainted after four or five years, and I think I do fairly well, because I can translate the words for them over into the equivalents which I myself know, but I start on some line of conduct based upon this belief of mine, and relate to my people what was meant by the pow-wow, and find I get myself into a great many difficulties. In other words, I do not understand the finesse and nuance of their pow-wow.' Dr. Jelliffe thought in a sense Dr. Clark's point of view is similar: that there is an enormous mass of small detail in the idiot pow-wow, and unless we can get down on our bellies and roll around on the floor with them, and stick our fingers in our noses, we do not know anything at all about their pow-wow. That is the important thing Dr. Clark is bringing out: that the individual must try to mirror himself into the situation going on in the mind of the idiot; and mirroring himself, he may be able to get the meaning of meanings of what they themselves are trying to do. Dr. Jelliffe did not know whether Dr. Clark were willing to accept this particular form of description of the process, but that was the way it appealed to him and gave it a legitimacy which to his point of view was worth subscribing to. "Every tub on its own bottom"; every idiot is an individual problem, and as Dr. Potter said, there are idiots and idiots and then still some more. This individualistic approach may be an illusion, but he thought it was turning out to be a profitable illusion. Man lives by his illusions, as

Ibsen has so well reminded us in his "Wild Duck," and so, whether Dr. Clark wants to call it mental analysis, or psychoanalysis or analytical psychology is immaterial, except in so far as he agreed with him that the psychoanalytical mode of approach is a valid and very useful mode of approach, and is the latest aid we have for understanding the meaning of meanings, and is the best way of going at it. Tomorrow we may have a better way of understanding the meaning of meanings; to-day we have not.

DR. A. STERN said he had heard Dr. Clark read his paper at the New York Psychoanalytic Society. As he understood it, the idiot that Dr. Clark is considering is one who has become such through a trauma, not the idiopathic idiot. In these cases some injury has been inflicted on the ego mechanism, and in its attempts to adapt itself to the environment, it has regressed to a defense mechanism. Clearly there is an hypertrophy of the ego, as Hollos and Ferenczi pointed out in the case of the general parietic, where the individual seems to take the injury to the brain as an assault upon his ego, necessitating in order to preserve himself an hypertrophy of that ego, as much as to say: "Nothing has happened to me; look at me; I am very capable; I can do this; I am unlimitedly wealthy. I have enormous power." There is an hypertrophy to correspond to the trauma the individual has experienced, and it seemed to him that the idiot does something similar. The idiot seeks emotionally in a wholly primitive way to get what he wants. You cannot really speak of regression in the case of idiots. There is no regression. The libido is a primitive sort and has never regressed, because it has never progressed, so that the idiot shows himself in a more or less natural emotional state.

He had just heard the end of Dr. Jelliffe's discussion, and he felt that one cannot speak with any strictness in so far as one speaks of "psychoanalysis" in these individuals. It is not psychoanalysis except in so far as we feel that the approach to the study of the idiot is one based on psychoanalytical knowledge. The phenomenon of the transference so characteristic in psychoanalysis does not come into play in the case of the idiot. The idiot in the situation of treatment simply takes in his teacher or his love-object and then at any moment simply ejects him and withdraws in toto from that love-object. Once the object is introjected, nothing is done with it in the way of development or of adapting himself to the love-object. It takes it in, holds it, and when it cannot use it, throws it out, and then the idiot becomes just as intractable as he was before. For his part, he could not see how anyone but a rather dull normal could spend hours and hours, weeks and weeks, struggling with the dis-

appointments and the primitive, uninteresting material that the idiot presents in the way of treatment. Anyone who can do something with an idiot deserves a great deal of credit.

DR. JOSEPH SMITH said in the discussion nothing had been said in regard to certain anatomical considerations which we should take into account when dealing with the question of idiocy. One can approach some cases from a purely psychoanalytic standpoint, but we know that there are gross brain alterations in idiocy which at once would rule out the question of psychoanalytic approach, since we could explain many of the symptoms, such as the low level of intelligence of these patients, on anatomic grounds. Secondly, as Dr. Stern had already said, the principles of psychoanalysis which we employ in the study of the primitive emotions and ideas of narcissistic neuroses cannot be made available to the understandings of idiots, because the idiot has not progressed to a sufficient extent and then regressed to a primary stage of development, but in his emotions and intelligence has remained at the lowest possible level. Neither in his paper nor in the discussion which followed has there been a clear separation made between idiocy and other defectives of a higher intelligence for we must remember that the mental age of the idiot has been placed at two years at its highest. Furthermore, a prerequisite to any psychoanalytic approach is an adequate intelligence on the part of the patient, hence we cannot apply psychoanalytic technic to the study of the idiot, not only in the sense of reconstructing of the individual which Dr. Clark himself does not claim, but even to get an occasional amelioration of the symptoms would be extremely improbable. To speak of a priori psychoanalytic principles would mean to start out with various theoretical considerations before the facts are brought out to substantiate them.

DR. I. T. BROADWIN said there was one thing to be understood about the idiot and that is that under well directed supervision he may improve in his actions to a certain degree unless the idiocy is due to a progressive devastating organic process. As long as something is done to help the idiot, and this also applies to the great group of mental defectives, some improvement will follow. The improvement may merely amount to better habits of cleanliness. The severer the degree of mental defect the more limited is the degree of so-called improvement. The manner of treatment or supervision is in direct line with modern psychological trends in pedagogy, i.e., direct appeal to the needs of the individual. Dr. Clark speaks of the psychoanalytic approach to the ego of the idiot. To those who study the idiot, this statement must appear as paradoxical. He could more readily conceive of the ego of the higher grades of mental

defect than of the idiot. Whatever the approach may be termed, as long as some care is given to the idiot, some results may be obtained.

As a *general conclusion* in answer to the points brought out in the foregoing discussions I would state the following:

In the main I agree with Dr. Feigenbaum that the general abnormal behavior of the idiot is *our* unconscious repressed desires or wishes; but can we be sure that there is not an even deeper repressed libido of the idiot's unconscious which he still holds back or represses—the whole intrauterine life for instance,—which in turn we may still fancifully designate as Jung's "collective unconscious" or the phylogenetic remnants of still more ancient forces of mammalian life?

As regards Dr. Stern's comment on the idiot's hypertrophy of the ego, this is perhaps always in proportion to the degree and amount of lack in object libido development and is in part a compensatory or reaction formation against this primal lack in which the ego libido complement attaches itself firmly to the ego. Again, while to our untrained vision there may not be a definite formation of ego ideal, who shall say that the nuclear formation of this as a principle of control and stimulus is not in process of formation from the first day of birth and its adaptive demands?

As to Dr. Oberndorf's remarks, I would say that I am offering my work upon the idiot as a contribution to psychoanalysis. If the procedure does not employ transference mechanisms as in the neuroses I suppose it may have to be called psychoanalysis anyway, as aside from the nature of the type of transference the procedure is not dissimilar in principle to any form of psychoanalysis now practiced. Other analysts have included it as a form of psychoanalysis, and until there is a larger body of objectors than those now presenting I shall continue to look upon it as a modified form of psychoanalysis. As to quantity of libido in the idiot, I have no reason to suppose that it is any the less in totality than in any other human being. As to whether the narcissism, the ego libido complement, is capable of egoistic detachment in any large number of cases is still a question, but that it is modifiable in this regard I think no one may gainsay. The degree of permanency of the detachment can only be conjectured. No one doing actual analytical work with the idiot can help but be aware that there is a repression constantly at work with the idiot, and I think our detailed work here presented indicates it. I think also I have shown the sharp departure between my method and that of Seguin's. The mere employment of a method in which the *libido theory* is the central theme and in which there is an *un-*

conscious resistance to be overcome, marks the procedure as psychoanalytic in principle and is a radical departure from Seguin's method. That it is at times closely allied to Itard's and Seguin's methods is not denied, but that its essential principal is different I equally affirm.

Perhaps I did not make it clear about the employment of dull normals in the tutorial analysis. These individuals are used as assistants or worthy seductive agents in the socialization or domestication of the ego libido. Of course they cannot understand the analytic process as the trained analyst does, but they can act under direction as necessary agents in handling narcissistic transference. Experience has shown that in the entrance and final cathexis of the ego libido one may dispense with the purely personal or duality of analysis, and three or more may engage in the work at the same time. Here as well as elsewhere this fact is of the utmost economic importance inasmuch as the time element in handling such narcissistic states may be very lengthy and tedious. The matter has been dealt with extensively in my work upon the narcissistic neuroses now in press. All of us are gradually becoming trained in the analysis of the narcissistic neuroses. Some are more advanced in the work than others. I should say that Wälder's and Stärcke's work in this field have been of signal aid to me. I cannot too thoroughly recommend their researches. With a little patience I have no doubt the whole matter of the castration complex can be made understandable to any idiot. We must, however, be able to translate the significance of the phenomena to his system of comprehension. The idiot's estimation of the value of emotional living in its entirety is equal to ours, only it is employed in a variety of ways which only a few as yet are able to grasp. Our own narcissistic "time and money" mechanism I admit is sorely taxed by this work. We encounter it daily. Even many general practitioners sharply accuse the psychoanalyst of wasting months and years in unprofitable work—two or three years in cases of severe compulsives. And our answer still is that such prolonged and arduous labor must go on. The recovery of our crippled cases, even as in the case of "Anna O.," also demands it. I take sharp issue with Dr. Kardiner in saying that our work here on the idiot will throw light upon the transference mechanisms. It will not do so, but all over the field of narcissistic psychoses it is applicable as I have already shown and will still prove in material now in press. As to the economic importance of the issue no one may gainsay it as the mental arrest problem as well as that of schizophrenics alone totals millions in public expenditure. The utilization of any method of therapy that promises a slight assuagement of this economic burden cannot help but be important. I cannot understand how any

one skilled in neuropsychiatry can fail to see in the idiotic behavior anything other than a narcissistic neurosis of an exquisite sort; it is just that, *par excellence*. It is not possible at present nor is it at all necessary for us to sharply demarcate between the amount of neurotic behavior of the idiot which is "environmental withdrawal" and that due to "internal conflicts," as Dr. Kardiner implies. We have long since learned not to evaluate whether or not a mother by the coddling process induced the Oedipus conflict in her neurotic son. We almost as frequently find it absent as present, and it really matters little in our analytic work whether it exists or not. So with the analysis of the idiot, the essential problem lies in unwinding or unbinding the ego libido attachment to the ego in our little patients. Even the nature of the lesions in time will be equally unimportant, although our knowledge of the expansibility of the libido once detached from the ego may be greatly facilitated if we might know the hardihood of libidinal processes in certain types of organic or hereditarily injured minds of certain family stocks.

I would emphasize again that no matter how innately efficient the tutors for these idiot children may be, it is essential that they have a preliminary training in psychoanalysis and especially in the analysis of the narcissistic neuroses. The analytically trained psychiatrist should supervise and direct the work. We have laid too little stress upon this latter fact. Relatively modern psychiatric thought is still largely in the service of the fixed patterns of current social custom, to which the idiot as well as the psychotic has been made to conform. This is mainly the province of many mental hygiene and social service agencies. To reach the deep rooted narcissistic states in idiots and psychotics one needs to take a more subjective attitude and avoid identifications with any set of social customs just as specifically as in ordinary analysis the analyst rids himself of censorious attitudes toward sexuality commonly adopted by society. In other words, the analysts must hold themselves free from critical judgment in the realm of current static social behavior. When this latter principle is attained by self analysis, unbiased analysis will make results in this comparatively new field of dynamic psychology as progressive as has already been attained in the transference neuroses. It is largely due to the nonacceptance of this latter principle that we have been blocked from brilliant results in this group of narcissistic neuroses. The difficulty of operating upon these cases by the narcissistic transference will always encourage the analytic psychiatrist to employ the object libido transference so soon as it may be awakened and is strong enough to bear the continued leverage necessary to carry the

work to a so-called normal fruition. Until the latter is possible the narcissistic transference must necessarily be employed.

Apropos of the ego development, I might state what Freud has said, that in the first six years of life the ego is sufficiently established and the personality is fully capable of taking on such a degree of enduring patterns that ecclesiastics have based the permanency of impressions in adulthood upon what the child learns at or before this period. The ego binding is so far advanced in its conception of reality that it is able to stand alone without panic or undue fear. I have recently illustrated the degree of advance in the integration of personality that is made by the child in the first three years of life. The amount of development known at this early age makes it possible for at least a dozen authors to give a fairly consistent picture of this period.

In answer to what Dr. Stern has said, that little or nothing has been done or can be done for these little patients, I would say we have already demonstrated that something has been accomplished. How permanent and what will next succeed to what we have already done only time can show. Apparently what I have merely casually commented upon in reference to the use of dull normals as a part of the analytic tutoring, has been taken to be one of the main tenets of my thesis. So far all my work has been done by very ably trained analytic assistants, but I do not despise the aid of dull normals in this work. We should remember that the dull normal so designated by Terman shows an I.Q. of 70-80 or thereabouts. Many of these are only dull by our limited intelligence-testing. In many living requirements they are often superior to the so-called normals. In other words, their sensitiveness in human relationships is of a very superior sort, to which any one who knows them well will fully attest. In fact they are often extraordinary individuals as regards their emotional relationships. I am proud to count a number of them among my intimate friends. I agree with Dr. Potter that many of these seemingly dull persons have the capacity to understand the behavior of the idiot, which normals have lost or never have had. It is not dissimilar to the fact that schizoids are often able to give us better interpretations of our praecox productions than we ourselves can give. It often happens that the mildly neurotic are able also to give us a better understanding of neurotics and psychotics in general than we can gain from our own studies. Again, many if not all analysts have sensitized fixation points in their own development that enable them to understand the modified reactions in their patients much better than so-called normals. And

I am pleased to state that I rank myself with the understanding group. I am not so sharply demarcated from the idiot class that I may not sympathetically keep in touch with a wide range of human behavior of which the idiot's is not the least. This work of mine is not without a propagandic import inasmuch as it is hoped that it will aid us all over the field of the narcissistic neuroses. Our work in this field will also teach us to rid ourselves of our own narcissism or so master it for the benefit of our patients that we may make more rapid progress in unravelling the mysteries of the narcissistic states in which a certain degree of ego defects or undue narcissistic fixations are interwoven in psychotic reactions. Trained intelligence alone will not do this as the lag in our knowledge of the praecox has shown. We must remember that the idiot as the ape and dog belong to our mammalian world and the two latter types, perhaps, have so good and permanent fixations in their own egoistic patterns that no amount of narcissistic transference will enable us to break them down. So good an authority as Prof. Yerkes has said that the ape is as fully able to talk as man, but we are not able to entice him sufficiently to do so. Aside from idle curiosity, perhaps no one desires to break down the narcissistic imbinding of the ego pattern of the ape or dog as neither is compelled nor do they seemingly care to live our type of existence; but not so with the idiot. He is born in our midst and needs to embrace our expanding socialization if he is to live satisfactorily. By mastering our own narcissism we may be able to enter the closed narcissistic system of the idiot rather than at present pounding upon it from the outside and forming his deeper regressions into the most primitive infantile patterns of behavior reactions. There *are* regressive features in the idiot. It is only our own narcissism that fails to make it comprehensible to us. I can show the whole range of some of the praecox-like reactions in idiots. The idiot has three years to regress. It is the establishment of the first five years of our existence, according to Freud, which lays the pattern for all neuroses. If that is the case, we have a pattern for over half of them.

A PRELIMINARY STUDY OF THE CONDUCT DISORDERS OF LETHARGIC ENCEPHALITIS¹

BY

L. Pierce Clark, T. E. Uniker and H. M. Ireland

Introduction. A survey of the extensive bibliography on the subject of epidemic encephalitis shows that the etiology and treatment of this disease occupy a conspicuous place in the medical literature of the day. Welfare agencies are equally concerned with the social implication of this so-called "sleeping sickness" as the sequelae of this disorder often result in conduct difficulties that make it impossible for these subjects to be cared for at home, by social agencies, reformatories, state hospitals or institutions for the feebleminded. All these systems of care have been tried. It is found that society is dealing with a crippled individual who, though neither criminal, insane, nor mentally subnormal is yet unable to adjust to any recognized social code. He is irresponsible and often comes in conflict with the law, but the basis of his disorder is medical, not legal. What is to be done with him? What is the emotional level of his deterioration? Where can an understanding treatment be undertaken, a suitable environment be arranged and what is the probable prognosis of this disorder? These are some of the perplexing questions that form the basis for the data and suggestions to be presented. Here it is interesting to note that in working out the material submitted, further evidence is found that definite changes in disposition and behavior result when the disease attacks a child's developing brain, whereas an attack in an adult tends perhaps to a more physical expression of the inflammatory process.

The medical aspects of lethargic encephalitis have been developed far in advance of an understanding program for its treatment. I propose therefore: to give a brief outline of the problem; report upon trial and error efforts undertaken by social agencies to fit these dynamically unstable individuals into the rigid and limited provisions of a modern community; discuss the intensive training of a typical case in a young girl whose symptoms were radically improved after a period of ten months psy-

¹ This study is an amplification of the text published in the *Med. Jour. & Record*, May 5, 1926. The general formulation is by L. Pierce Clark. Analytical data are drawn from analyses by T. E. Uniker and H. M. Ireland.

choanalytic reeducation in an observation home; and finally give a partially analyzed case, with suggestions for future care that might be undertaken with a more profound analytic interpretation of the patients' emotional needs.

In 1922 an intensive study of lethargic encephalitis was made in various States. From New York, Boston, New Haven and Chicago it was learned that the epidemic was greater than the community imagined, and the sequellae developed at a later date were bringing these individuals to the fore. As many as forty to fifty cases were brought to one clinic alone, with absolutely no solution worked out for them, and there were no hospitals or institutions prepared to care for this type. Such patients could be sent to psychopathic hospitals but nothing would be gained thereby. Diagnosis had already been made and what the patients needed was a comprehensive understanding of their particular problem and how best it could be met, and not merely custodial supervision. Throughout New York, Connecticut and Massachusetts a large number of cases were without any type of care.

The social problem met with everywhere may be summarized in the following typical case: An eight year old girl, quiet, well behaved, was making unusually good progress in school until the onset of this disease. One month after her discharge from the hospital she was readmitted with a history of a complete character change. She ran away from home and stayed away for days at a time. The school was unable to keep her on account of her noisy and quarrelsome habits. Neighbors complained about her stealing and destroying and her abuse of other children. Her second period in the hospital was brief, as she was constantly in a highly excitable state. She was sent to a hospital for the insane but was discharged in less than a month as unsuited for the type of care provided. At home she was found to be entirely uncontrollable. Arrangements were then made for a period of treatment in an institution for the feebleminded. The child, with an intelligence quotient of 108, remained here for six months. She was paroled home but her stay was brief due to a return of the old antisocial characteristics; she was again returned to the state institution, from which the following information was recently received: "This girl is not a mental defective, but she continues to exhibit such bad personality traits and outbursts of violent temper that it seems likely she will have to remain permanently under custodial care."

This case, typical of many others, well illustrates the amount

of time and labor spent by welfare agencies in producing unsatisfactory and unilluminating results. Of forty cases studied in Connecticut, five still remain acute social problems, five have died, seven have not been heard from, nine have been reported to have recovered under ordinary care, and the remaining twenty-three have been re-absorbed in the community in spite of varying degrees of physical and mental impairment. After analyzing these results, the conclusion was reached that the problem could be met adequately only through organizing a temporary study home, which would develop care and treatment suitable for children suffering from the sequellae of this disease. A detailed plan for such a home was submitted at my suggestion to the National Committee of Mental Hygiene.

In a review of the progress made in psychopathology within the past decade we find two distinct lines of research. The older one has aided to perfect our comprehension of the transference neuroses, to make more plain their genetic origin and to give us a more secure and lasting therapy. The other line of research is a more venturesome effort to resolve the ego neuroses into their component origins, and even to approximate some means of direct handling of organic disease supposedly based on functional or constitutional defect. In this latter field there are two methods of approach. The first is to recognize that there is an array of functional disturbances present, as in disorders of motility, circulatory disturbances, and the like; and the aim, therefore, has been to devote time primarily to reducing these syndromes to their supposed psychogenic origin for amelioration or cure. For the most part it is an attempt to comprehend neurotic disorders upon a neurologic or biologic basis, which, while not incompatible with well known psychoanalytic views, is closely interwoven with intellectual symbols that make the plan of therapy largely expositive and reëducational (such as my older work on tics). In spite of this rather formal and mechanical method of approach excellent progress has been made by the patients, and it is urged by many that this method of treatment is the "more reasonable" one, and will encounter less immediate resistance although the release of symptoms is less permanent and perhaps the method is only a little removed from the current systems of psychotherapy exclusive and often opposed to real psychoanalysis.

The second method quite as surely recognizes the physical disorders as entities but that very little can be done directly with the symptoms as such. To look upon such sick persons as

possessing far graver disorders of character and personality of which the immediate and pressing syndromes are but a part of their real disorder, is the unique position of the latter method. To sidetrack for the time being the whole gamut of symptoms and require the patient to give heed to the long circuitous route by which his predicament has come about, calls for extreme fortitude on the part of both the patient and the physician. It may well be that for some time to come the "more reasonable" psychoanalytic reëducation by the didactic method directed to current symptoms which are immediately pressing for abatement, and then gradually lead the patient back to the graver faults of character from which the symptoms originated, will still be our chief interest and study. To accept functional and constitutional disorders as *organic neuroses* which are slightly removed or more deeply set into the structural pattern than the now more definitely outlined narcissistic neuroses, requires only a little more scientific courage than was shown by Freud and his coworkers a few decades ago when they rescued the transference neuroses from the baleful category of organic disease. Perhaps we shall make more rapid progress in understanding these so-called functional or "true" neuroses as well as many constitutional diseases (even such diseases as tuberculosis and arteriosclerosis) by a more careful analysis of the *egoneuroses* and their narcissistic fixations. The latter can be, perhaps, best understood only by a more painstaking analysis of the derivations of character in the infantile period, which may be undertaken by a variety of methods as Ferenczi, Rank, Abraham and Jones have shown. Without power of direct memory recall of this infantile period, it is astonishing how Freud (who calls it the pregenital period) has so accurately outlined the difficulties which we may expect to encounter in this twilight zone of conscious formulations. From the reaction formations induced by the educational repression of the instincts we may infer the influence which many of these unbridled instincts exercise in all adult living, and any direct testimony of their objective or subjective dominance will be doubly welcome. The final admixture of instincts and their repression which form character in its broadest sense, will be the next attack for understanding behavior as well as all life reactions independent of immediate social adaptations. With a desire to advance our general progress in understanding the *egoneuroses* and finally so-called organic disease, this study has been primarily undertaken.

From my data to be presented here and elsewhere, one is at

a loss to see how an extension of neural and functional explanations can be of much aid in interpreting the occurrence of conduct disorders as a sequella to epidemic encephalitis. In point of fact there is no evidence that the residual lesion left in the wake of this disorder has any direct bearing upon the conduct syndrome as such, any more than the occurrence of this neurosis in general is caused by an organic lesion. How, then, are we to consider this apparent causal relationship between the organic lesion and its neurotic sequella? I think we must assume quite another relationship than a direct one. We must look upon the lesion here as one that singularly wounds the psyche and personality of its victim, not in a somatic and physiologic sense, but in a psychological one. The breakdown of a neural interpretation of a sequential mental syndrome is not unique. It extends equally all over the field of mental disorders following organic cerebral lesions. Very recently Hollós and Ferenczi² have shown that even in such a paradigm of a supposedly organic disease as paresis, the display of mental symptoms is greatly to be explained upon the lesion acting as a sort of releaser of unconscious and repressed instinctive forces. On the face of it, aside from the very intensity of endurance of the conduct disorders sequent to encephalitis, the neurotic state does not essentially differ from the same clinical expression where no such lesions occur. That being the case, the direct causal relationship breaks down even more signally than has been shown in the paretic study just cited, for the euphoria of paresis and its dire termination may be a unique clinical experience. In other words, there is nothing so like the clinical picture of paresis outside its classic instance in the meta-luetic lesion of this well known disorder. All kinds of cerebral lesions in infancy and childhood are singularly apt to leave mental stigma in various forms of mental arrest or enfeeblement which are particularly stubborn to remove. Practically up to the present time, the degree of mental impairment such sustain at the time of their cerebral lesion remains hopeless throughout life. The latter are as enduring as the lesion which seemingly is responsible for them. Singularly enough, however, there is no sustained ratio between the kind and degree of cerebral lesion and the psychic symptoms supposed to cause them. Many efforts have been made to correlate the lesion directly with the mental syndrome, but these studies have borne little practical result. It has been stated (Southard) that

² "Psychoanalysis and the Psychic Disorder of General Paresis," *Nervous and Mental Disease Monograph No. 42*, 1925.

dementia is as marked in cases showing no cerebral lesion as those presenting it. It is also well known that both profound idiocy and epilepsy may occur without any at present discernable lesion. Hence one might logically infer that the degree and extent of cerebral lesions are independent of any known causal relationship. If this be true, why should we attempt any longer to maintain direct or recondite explanations of the connection between neural and psychic injuries? Yet in spite of this improbability renewed efforts are constantly being made to bridge the gap between neural and psychic patterns upon an organic or physiologic interpretation. All of us surmise that there must be some relationship, but the majority have given up any direct causal one. Even Sherrington is frank in saying that at present he sees no possible bridge by which we may connect body and mind. In view of such a despairing state of affairs, any theory which promises a reasonable explanation may be put forward as a tentative line for study.

For a long time we have known that these children suffering from mental and epileptic defects are about as amenable to disciplinary and educational training as their non-cerebral lesioned fellows. In point of fact it is often assumed that greater amelioration might be expected in cerebrally injured cases because the inherent germ plasm has not suffered the same degradation as the supposedly hereditary ones. However this may be, both classes are treated when feasible along psychogenic lines, quite independent of any particular cerebral injury which they may have suffered. The lines of treatment which have been found to be of most value are less of the intellectual sort *per se*, but are rather industrial and occupational so that the natural instincts of emotional interest can be best utilized. In other words, the main reliance is placed upon the natural trend of the instincts and the hopeful encouragement to build up the character and personality. Due allowance is placed upon the aid of ambition and esthetic and social stimuli. In brief, the line of treatment holds egoistic appeal in its best and largest sense. How much do we actually know of the wounded psyche in the fearfully handicapped cerebral cases? Practically nothing. Vague guesses by psychometric tests may be made quantitatively but how about the qualitative understanding of these children? Is the latter the same as the hereditarily handicapped ones? Probably not. Certainly but few attempts have been made at really understanding the unconscious in these cases; particularly none has been made for the post encephalitic conduct disorders. The state has

been excellently described by social workers, neurologists and psychiatrists, but no deep analysis has been forthcoming. Have they intensive psychic conflicts comparable to the neuroses in which sadistic and homicidal acts occur? We can only surmise that if they do exist they are of a more severe and enduring sort, comparable to those of the savage or the very young and undisciplined child. Moreover they invariably occur in children and adolescents wherein the social or psychic pattern is but recently acquired and is probably most easily upset. The main difficulty in any thorough analysis, up to the present at least, is that this conduct disorder is an ego neurosis, and incapable of ordinary transference or the transference is too slender and unstable to make it enduring through the period necessary to make a complete analysis. Now that we may enter the unconscious of the ego neuroses through the phantasy method I believe that the psychoanalytic study of these cases will be less hopeless and probably no more difficult to study than the stubborn and set epileptic youth. In psychoanalytic terms, these conduct disorders are none other than acute narcissistic neuroses organically conditioned. It would seem that the psyche through the disorder of the respiratory and circulatory apparatus is being continually disturbed. We now know from similar neurotic disorders that there is a somatic as well as psychic component of narcissism. Various types of hypochondria are instances of involvement of one or both of these conceptual systems. The anal and oral erotic behaviors of these conduct disorders are glaringly manifest in post-encephalitic adolescents.

Naturally no one would assume that we underestimate the primordial rôle or significance of the purely somatic symptoms of lethargic encephalitis. The psychic symptoms to which we shall chiefly address our remarks are defect symptoms and irritations directly resulting from the somatic process. The natural symptoms correspond to the inadequate dominance of the psyche over the narcissistic libido aggregated and held in, as it were, by the cerebral lesion.

In an attempted hypothetical explanation we may assume that the conduct disorders in post-encephalitic children are a special variety of cerebral pathoneurosis in which the ego organ, the brain, has been injured. The excess of the libido complement (narcissism) which has been mobilized to drive the ego to accomplish or fulfill its functions, breaks down the more tranquil adaptations evidenced in the individual before his encephalitis occurred. The youthful patient is therefore thrown back upon a

utilization of earlier behaviors and stages of development which were once more or less successfully passed. We know that libido is stored up in the total economy of the individual ego. This is the sum total of the libido in the individual organs and their mutual cooperation of organic as well as functional living. This libido gradually divides or directs itself into two main polarities of living, one toward the various erogenous zones and ultimately placed to the service of the sexual aim, and the other toward the preservation of the individual as a personal ego. The interchangeability and coöperation of these two polarities of the libido perhaps enter into every human relationship, but for the time being we shall give our main concern to the ego portion of this total libido formation, as it is the part singularly deeply wounded in the encephalitic individual. This ego libido is not a separate entity for the functioning of these organs, the brain and its adnexa, but enters into the power of regenerating or healing these organs once damaged. A confirmation of this assumption was found in certain observations on traumatic neuroses during the war. The fact was established that a shock accompanied by severe wounding left behind either no traumatic affect or one much less important than a shock without bodily injury. This apparent paradox becomes intelligible only if one assumes that the narcissistic libido mobilized by the trauma is used (libido which psychoanalysis places as the primary cause of the traumatic neurosis). In the case of an injury received simultaneously, partly in "pathoneurotic" libido, it is held prisoner in the wounded organ, with the result that it can no longer fluctuate freely, nor operate as a cause of neurosis.

As Freud has shown, there is no bodily organ which does not possess or manifest some essential influence over the total libido. The brain is essentially the organ of the ego function libido, as the peripheral erogenous zones transmit their self gratification ultimately to the genital zone. Thus we have these two great divisions of the total libido acting often in the most elaborated intricacy in the maintenance of social relations.

The lethargic encephalitic process not only produces symptoms of defect but upsets the tranquil order of the narcissistic libido which is manifested in conduct disorders with the ego thrown out of peaceful balance with the outer world. The neurasthenic symptoms are often masked by the lethargic states which master the individual's life. The traumatic neuroses are analogous to this condition. Moreover, as we may rightly infer, as the lethargic state disappears the conduct disorders put in an

appearance, usually in proportion as the totality of libido egoistically and objectively is withdrawn from the previous living activities. For instance, we shall see in the brief case notes to be cited, as the lethargy passes away the neurasthenic symptoms are quickly transformed into hypochondriacal symptoms physically manifested, most usually in the field of ambition or ego outlets. When a patient makes use of a narcissistic transference, one notes the marked alleviation of many of the mental and conduct disorders, as shown in CASE H. P. who was partially analyzed, and E. K. As Freud states, these actual hypochondriacal neurotic symptoms are the result of the painful storing up of narcissistic libido in the ego functions. If this storing up of narcissistic libido surpasses its utilization in social living, it must be mastered psychically (endured or repressed by effort of will), and if this is insufficient, then the patient exhibits conduct disorders at times of stress or diminished periods of rest. It may be that the continued states of periodic lethargy or sleep are to be explained upon this secondary effort at compensation, acting as a sort of miniature psychic reverberation of the shock of the original lesion, or a reënactment of its affect comparable to the repetition compulsion physically shown in the post traumatic neuroses in tremors and fright as well as the type of dreams. Many of these syndromes in post lethargic encephalitics may be similarly explained on psychogenic reënactment principles, and not solely to a continued ascending and descending degenerative process sequent to the initial lesion. At least the degenerative lesion often continues to injure the partially corrected functioning of the narcissistically wounded ego organ, and the conduct disorder may carry a just but none the less disquieting compensation for the kind and degree of libidinal outlet normally denied. Thus the conduct symptoms are a pathoneurotic hypochondria of a positive sort not covered by lethargy and may be looked upon as psychic over-compensations for mental defects encountered as well as a pathoneurosis in which there is an intensification of the narcissistic libido provoked by organic disease. That the ego organ is deeply wounded is shown by the oral and anal eroticism (sadism) which almost invariably obtrude themselves in every severely marked case of encephalitis. In mild cases the dejection and sadness cover, perhaps, the greater part of the clinical picture, but the awareness of destruction of the most highly estimated functions of the ego—the intellect, moral and esthetic sense, ability to create, etc.—must engender a feeling of impoverishment of the whole personal worth (the narcissistic libido).

As we know, an equal mutilation of the peripheral system (such as the actual loss of one or more organs or limbs) may still permit the withdrawal of object libido to the ego, and the latter may absorb the bodily defect by the psyche compensating in other permissible activities, in philosophic resignation, humor, pride, defiance, and even scorn. The encephalitic is wrecked in both body and mind structures by which he may equilibrate a changed outer world, or better still, his ego is no longer able to adapt to the former outer conditions.

From psychoanalytic teachings we all know that one is born with the biological expectation of unconditional omnipotence, to which a wish-free existence within the mother promised. The care and attention which is given to the new born child permits him in great measure to continue this feeling of all-powerfulness, especially if he adjusts to certain simple demands. Next he comes to the position of imagined omnipotence and later to the same condition which is accentuated by the use of certain types of magic-like movements and gestures which seemingly furnish a means of communication with the external world. Very soon, however, he comes to the stage of development of recognizing that certain factors in the outer world have limits. This has been outlined by Ferenczi³ as a basis of his "reality principle" separating personal wishes and desires from uncontrollable reality. Cultural adaptations demand still more the renunciation of maintaining in an isolated form the narcissistic self and there is then a compulsive recognition of reality. The outer world then requires of the adult not merely that he take a logical view but that he shall assume an attitude of obedience to these realities, that he shall be attentive, prudent, wise, and at the same time moral and esthetic. Situations arise where he must behave with considerable self sacrifice even to the point of great personal loss. This whole principle of development of the individual from the most primitive state to that most highly required by society does not occur spontaneously but really under the constant guidance of the repressive forces of society. Thus there takes place a continual procession of identifications with the social agents requiring repression, and withdrawal from such identifications, and the formation within the individual of individual patterns of identifications which form the different selves aggregated in his own personality. In the course of this develop-

³ I wish to acknowledge my indebtedness to the work of Hollós and Ferenczi on Paresis which has enabled me to make my own views clearer in this individual problem of conduct disorders in post encephalitic children.

ment the ego ideal continually demands more amplitude with renunciations of these identifications and it is, according to Freud, that "ego nucleus" which behaves as the subject which makes as the object of its criticism the remaining ego that is largely narcissistic and is the beginning of conscience, the censorship by which reality is tested, and the instinct of self regard, etc. Every new capacity which one attains means the fulfilment of an ideal and serves a practical benefit and enlargement of the ego, and a narcissistic satisfaction as well; there is an increase of the feeling of self and the enlargement of the ego stature which had been on the point of being greatly diminished through the unfulfilled ideal standards. A corresponding development can also be held for the object libido which also must pass through certain educational repressions and though it is not as severe and rigid a discipline it must learn to avoid at least gross defects in sexual adjustments, such as incest and certain perversions; therefore even the object love must be "just to the ego" and must conduct itself in accordance with the views and benefits of the narcissistic self respect. This is in brief a one-sided consideration of certain developmental phases of the ego which are our immediate concern in the problem we have in hand with this acute narcissistic pathoneurosis of encephalitics.

If in the encephalitic injury certain specific structures are destroyed—which is as surely true as in the meta-luetic process of paresis although entirely different structures may and indeed are involved—and if self observation sends report to the ego nucleus that bodily processes as well as important psychic functions have been enduringly damaged, the ego nucleus reacts in dejection and despair if not in an actual psychoneurosis. If, however, the adjustment cannot be made at this level, a deeper regression for outlet takes place and the most primitive and grossly forbidden activities are indulged in. If the ego ideal is able to surround itself by cultural education or enliven regressive memories into kinds of activities that furnish satisfaction, then the narcissism is well protected and the progressive decline of the patient's true value may no longer harm him. Hence one sees but comparatively few out of the large gross number of encephalitics who present enduring conduct disorders or even actual psychoses. In such either the previous ego development has been comparatively sound, or resilient to the ego organ injury, or the injury has not grossly wounded those structures which disable so profoundly the ego ideal. When, however, the lesion injures those structures immediately subtending the psychic processes

of conscious adaptations, the cortex and its thalamic subcortical structures, then the narcissistic libido creeps after these conditions even more regressively until the juvenile or even infantile behaviors are called into action. Nor are the final levels in ego development the only ones showing in the behaviors of these encephalitics; all past stages of erotic and libido organizations are revived and placed in the sum total of behavior reactions. Aggregating the wrecked personality about the remnant ego nucleus and being able to make that portion the dominant and controlling factor, is the psychotherapeutic aim.

Several years ago I undertook to study the effects of training and psychoanalytic reëducation of a child ten years old suffering from this disorder. She was a nervous child, quick to learn but always difficult and over-demanding. She insisted on having her own way and had frequent fits of mild tantrums. Nevertheless she was greatly liked by her teachers who considered her very bright. At the age of seven, she awoke one morning with shaking attacks; these recurred almost daily. Later she developed attacks of puffing, and still later the sleeping spells appeared. Her tantrum episodes became more frequent and severe and it was found increasingly difficult to make her conform to any sort of discipline. The outstanding characteristics noted during the first days of observation were marked physical restlessness, sudden changes of mood, and a tendency to run away. She was uncooperative and refused to go to bed or to adjust herself to the routine. She screamed at the top of her lungs, used vile language, and disturbed the games of other children. She showed marked cruelty toward animals about the place. These conduct disorders were accompanied by three distinct physical symptoms: (1) puffing, characterized by an increased respiratory movement which appeared when she was angry or corrected, when she was frightened, or when interested in some pleasurable task; (2) the shaking attack characterized by an exaggerated shivering as if she were having a chill; and (3) the sleeping attack, which came on independent of the other symptoms just noted or was closely associated with the puffing or shaking episodes.

Shortly after the patient's arrival at the training school on the first of August, 1922, she went into a violent tantrum, but quieted down soon after her parents' departure. The outstanding characteristics noted during the first days of observation are as follows: There was marked restlessness; her hands and feet moved constantly in muscular contractions that had the appear-

ance of various types of habit movements. She wanted to dance, to play, and had sudden changes of mood, with a tendency to run away. She was uncooperative to a degree, refusing to go to bed, or to adjust herself to other matters of routine. She screamed at the top of her lungs, ran out of the house, used vile language, and in fact any disagreement with her immediate desire was sufficient to throw her into a screaming attack and to change her attitude towards the persons for whom she had just expressed deep affection to one of great antagonism. The child said, "I am a beast; I do not want to be a lady, I never want to be nice or anything." There was an abnormal appetite. She disturbed and broke up the games of other children, went about hugging and kissing everyone and particularly desired to sit in the laps of the young men in the household. She stuck pins in the cat's ears and showed marked cruelty in her attitude towards the animals on the place.

At first the patient's wishes were considered and every effort made to meet her demands half way, but it was soon found that this attitude only made her more restless and exacting, and a different one was assumed. She was given an opportunity to understand that those in charge wanted her to get well, but that she must try to do something for herself, refrain from using coarse language, screaming and running away; that these suggestions were not a matter of personal convenience to those in charge but represented the attitude of society as a whole. This admonition was productive of good conduct for a short time, but another screaming tantrum soon followed. The child was then given another friendly talk in which she was told that the members of the household were not trying to repress her but that good conduct and kindness to everyone would still be insisted on and above all there should be no more yelling. The child looked at her instructor with great hate and said she did not have to be friendly with anyone if she did not want to. She was assured that this was a personal matter which would have to be decided by herself, and that those in charge would continue to do their part in their attitude of friendly interest in her welfare. The following day, after a little talk about her getting her room in order, the patient ran from the house and up the road. No one went after her as was done in previous episodes, and when it began to rain she returned to the house for shelter. Nothing more was said and she made no effort to make her bed, but it was noted next day that she did attempt to put her room in order, saying it was the first time she had ever tried to do

anything like that all by herself. This act of cooperation was performed only with marked resistance. She said frankly that she did not care to be "good" and that she preferred to be alone rather than try to make any adjustments. The child was allowed to stay by herself and do as she pleased. Towards night she voluntarily came to the instructor and said that she wanted to "make up." When commended on her change of attitude she said: "I made my bed this morning, and I'm going to be good—no more yelling." As the patient had a good sense of rhythm and was fond of dancing she was given dancing lessons in the hope that they would serve as a satisfactory form of sublimation.

Several attempts to get in closer touch with the patient's emotional attitudes and gain deeper levels of her conflicts by analysis were met with great resistance. She had frequent sleeping spells during such interviews, only giving a word or two about herself sullenly and unwillingly and then falling into another sleep. Her protests varied from, "Why are you asking me all these questions? I don't want to tell you anything," to "I'm hungry; give me something to eat and I'll tell you anything." When the food was supplied she would assume a jocular mood and begin to dance.

After several weeks her behavior showed some improvement. She stopped using vile language openly but occasionally expressed herself in Yiddish, using derogatory terms to belittle those with whom she was displeased. The usual corrective suggestions were applied and she gave a much better reaction toward them. Once during a talk she said, "Don't tell me how bad I was, for it makes me ashamed."

After three months observation we find the following comment: "This girl's three prominent symptoms seem to be decreasing. Through our interviews and analytical talks her mental attitude has undergone considerable change. She gets along better with the group and is more considerate of their rights. She is more amenable to discipline and shows less of a tendency to tantrum episodes."

Conduct disorders continued but with increasingly longer free periods during the remainder of the child's stay—ten months in all. The child was gradually helped to connect the necessity for self control and conformity to the needs of the group with her own physical and emotional welfare. To illustrate: At first she objected to remaining quiet in her room until nearly noon, but finally realized that this rest period gave her a better opportunity to get the day started right. She noted that she was not so much

troubled by puffing or sleeping spells when this rest was taken and her mental attitude was better. Her desire for food was treated in the same way and her general physical condition showed marked improvement. She made decidedly better social adjustments in every way. Little reprimands that a few months previously would have thrown her into a violent reaction, now seemed to be taken rather good naturedly. Gradually she began to do little tasks about the house, usually without direction. She gave up the idea that she could find some place to live where she could do exactly as she pleased. When this point was finally absorbed the child said she was going to try to do what was right to get well. The meaning of many of the coarse words she used was explained, and this also seemed to be a help for she had no idea of their real import. She slowly developed insight and spoke somewhat pathetically: "I didn't get along well with the children to-day, they made me mad and I called them names, but I did not get as mad as I used to; I am getting better, ain't I? I am trying to do what you tell me." On one occasion following a mild protest against ordinary routine directions she looked rather hatefully at her instructor and declared that she would do as she pleased. She then began to cry and said, "You don't seem to understand me—I don't mean to be this way—I don't mean to do these things. I love you and I hate you—how can that be? Was there ever such a thing?" The child gained considerable control over her impulsive acts and seemed capable of putting into operation the insight she had gained from her general training. These periods of insight gradually extended and deepened under the pacific guidance and comprehending attitude of those in charge.

Psychoanalytic reëducation, but not psychoanalysis, was undertaken in this case, but it is hoped that psychoanalytic procedure will be available to other cases of this type in future, in order to gain a better understanding on the part of the patient of the emotional levels to which he has regressed under the onslaught of this destructive disease. The case is given as an example of what may be accomplished when a wise and gentle training is instituted and a conscious insight gained although the patient may remain unaware of the conflicts which precipitated the conduct reactions. The details of the case management are not unique but may perhaps be called the better sort of reëducational plan of treatment for such children.

Our second case is an example of the psychoanalytical approach to this problem.

H. P., a nineteen year old boy, well developed, fine featured, with an intelligence quotient of 106, was referred to me by the social service department of one of the large city hospitals as an unadjusted problem. The medical findings carried over a four year period can be briefly summarized: A diagnosis of lethargic encephalitis was made in 1921. At the onset of his attack of encephalitis, after a day of hard work on going to bed he noticed that he had double vision. He was enjoined to be quiet and recline in a darkened room. For three or four days and nights he remained wide awake, after which a sleep succeeded attended by a delirious coma with almost constant repetition of the words, "needles and pins." A period of nine weeks of almost unbroken sleep left no doubt of the accuracy of the diagnosis. The clinical history shows that this sickness was followed two years later by a complete character change. Physical symptoms, developed at a more recent period, are characterized by a constant coarse tremor of the left hand, sagging of the jaw, and Parkinsonian mask. The boy was returned to school after a loss of one term. Sympathetic treatment gradually built up a feeling of invalidism and evasion of duty. The sleeping spells have gradually decreased and have been replaced by loss of memory. The boy is markedly temperamental, gloomy, sensitive, impulsive and suggestible.

The successful beginning made with this patient by psychoanalysis was in a large measure due to the confidence of his family in the personnel of the institute from which he was referred, the intelligent cooperation of his mother and the narcissistic transference he was able to make to the psychoanalyst and his assistant. From the first interview the boy kept his appointments willingly and promptly and seemed not disheartened by the clear understanding that the treatment might lead only to a better general understanding of the disorder and not to personal improvement. It is interesting to note that until this case came for analysis it had been most difficult to gain the cooperation of these patients or their families; during the years they had suffered from the sequelæ of this disease, the patients had been subject to such an unending round of medical, institutional and social care that hope had failed and further therapy held little appeal.

At the time of this report, the boy had had but three weeks analysis. Inasmuch as a narcissistic transference only was possible, the phantasy method was employed to reinvolve the earlier oral and anal mechanisms at their weaning periods. It was not

until the phantasy method was used that the descriptive phase relating to his scholastic and musical ambitions was put aside and the infantile attitude laid bare with its surcharge of emotion. The patient's whole manner changed to a childish simplicity of tone and feeling. He again relived the period of being rocked in his mother's arms and nursing with a savage eagerness that made his body glow with warmth and exhilaration. In one analysis the patient said, "I was a delicate child. My mother would wrap me in a warm blanket and hold me close to her breast. It seems as if it were yesterday. Oh, it was just like heaven. I would pull her breast as if I wanted to suck the life blood out of her. Sometimes I would bite her nipple; it makes me feel very sad to think that I made her suffer so, yet I could not always repress the desire. Oh God, what terrible days!" One may infer from this and more extended data the usual source of sadistic desires. Then came the weaning trauma and the bottle that was left with the child during the day when the mother was away. "Mother's breast was the first food I knew. I loved it so. When the time came to give it up I couldn't get used to it, I felt as if mother were going away, too, as if she didn't love me. The bottle seemed like an impostor, as if it were taking the place of mother and had no right to. When mother was away I'd hug the bottle close to me in both arms and suck the milk from it. When I had the bottle next to me, I could take milk whenever I wanted to. I had it by me all day, but it wasn't satisfying. I missed the touch of mother's breast. When it came to other food, mother would feed me; I liked it better than the bottle—she was there. She would take a spoonful of oatmeal and take it up to her lips and blow upon it—meanwhile telling me a story; that made it easier to eat. The food tasted nice as long as mother was telling a story, but when she stopped, sometimes I'd begin to cry. When she was close to me I always felt her warmth going through me—always—even now. When there was no mother, no bottle, no food—my mother would leave me on the floor and I'd build castles out of my blocks." At the close of each analytic session when the patient had retreated to these blissful states of nursing, he would fall into a profound stupor from which he was roused with difficulty. He would mumble, "Yes, yes, I hear, but can't you leave me alone for awhile. The world is so very sweet!" One gains an idea of the acute demoralization engendered at the weaning trauma, the intensive mother attachment and the difficulty of releasing himself from her in the following: "It made me feel all warm when she came into the room—her

face was loving—just like an angel's. I was always lonely—I would sit on the floor and play with my blocks and little steam engine, but when she came in I wasn't lonely any more—just happy and contented—her face looked like the Virgin Mary's, and her smile and her eyes were warm and glowing. When we were in bed, she would hold me close and I would put my hand on her neck—it felt all creamy soft and I liked to touch it." When the phantasy is continued again, the patient exclaims, "Please, I don't want to go back to those little boy days, they are too painful, they prove the realization of all my mistakes and all that I wanted to be—I sat and played with blocks on the floor, all day long when mother was away. I used to build beautiful houses and imagine that my mother and I lived there in a Utopia, the kind of a land where one never has any harm befall one. I used to build houses when I grew older, and my wife lived in them, too, but always my mother. I think that is the trouble with me, I am too milkfed, too carefully protected. Perhaps if mother had let me play with boys and think boy's thoughts I would not be the kind of person I am today."

One may here note his insistent demand projected upon the mother as her fault in not letting him be a boy, etc., and still later we see the early formation of the mother as a loved object (Œdipus). The patient states:

"I first remember father sitting in a rocking chair—mother was sitting on father's lap and she was crying, he had no job. My uncle took us in—she was very sad. The baby looks up in mother's face as if to say. 'Don't cry.' Sometimes I felt angry at my father, wanted to put all the blame on him, but I afterwards realized he was trying his best. I felt angry—my mother was such a beautiful lady and so good—my father ought to try more than his best to support her and praise her. I'd pay no attention to father. I'd just walk over to mother and take her arm and caress her. She would pick me up and hug me and cry convulsively and I'd feel sorry for her. I'd sometimes feel like killing father. I remember saying to mother when father was sleeping that we should throw him out of the window and the undertaker would come and take him away."

Finally the rapid regression from fairly well controlled (psychically mastered) states to the deepest sadistic attitudes is shown in the following analytical material: "When I was five years old I was very angry at my mother because she had promised to be at the concert—then she disappointed me at the last minute. I got all heated up; the blood came to my temples;

I felt like leaving the stage, but when I saw my mother everything was all right. When I am improvising music, my mother doesn't like it and stops my playing—she doesn't like it and I like it; I feel infuriated. If I surrender to the impulse I'd kill her, but I calm down right away and consider her feelings. I get all hot in a minute and walk up and down the room and have to go out in the fresh air and do something to give vent to my energy. I'm afraid some day I will kill somebody. The impulse comes when anyone arouses me. When people contradict me, when I'm sure about something; I hate to have anyone contradict me. I believe a man isn't a man unless he has a spark of jealousy in him. I went to a party recently and my best friend whom I trust implicitly took my girl friend home. I would have killed him on the spot and he is my best friend, too. The only satisfaction I would get out of choking a person would be a very bloody satisfaction. That boy in the country who teased me and made me mad—his tongue was hanging out and his face was all red—almost purple—they dragged me away from him. I have no revolver and don't keep a dagger about me, so the only way I can think of killing a person is by choking him. I hate to think about it even for a second. All my hot blood is thrilled and then the next minute I am sorry. Believe me, I never meant it (deep sigh)."

Only one session was given to the patient's love for music, which, however, gave ample indication of the possibility of sublimating a deep seated urinary eroticism into rich aesthetic expression. Only by reading the text of the original material can an idea be gained of the child's pleasure in urination. Then we find the baby "laughed and crowed with glee as the urine fell into the basin with a tinkling sound." The baby loved the noise so well that he would hold it in as long as he could so it would rush forth as loud as possible. This field of early infancy may be of great interest in the revelation it might hold of how the rhythm, pitch and rippling flow of urination might be the beginning of a delight in the myriad sound possibilities of the sensitive violin. The sadistic impulses that had played so devastating a rôle in the sequelæ of this patient's illness were pictured in a colorless tone. The boy was apparently quite unconcerned with the outbursts of uncontrolled, unreasoning and violent temper. Sufficient time has not yet been available to drive the interviews down to an anal erotic level, or to discover what insight the patient might have gained during the brief period of analysis. The time has been so fully occupied in the production

of new material that no attempt has yet been made to have him apply his own data for a possible modification of character; nevertheless it is evident that many of the old emotional fixations are being drained and that a therapeutic process is under way. At times there is a marked change in the masklike rigidity of the boy's expression, and the mother's statement bore further proof of changing attitudes: "He no longer spends his time quarreling with the family or sitting like a stone image talking about making away with himself. He reads books and papers now, wants a new suit of clothes and says if he can only get a job he is sure he can do something to help himself get well." The mother further states that the physical symptoms have much improved since their first acute onset and that she believes the boy will keep steadily on the mend if his interest in life can be sustained.

The results of these analytic sessions are by no means final, as insufficient time has elapsed to show what effect psychoanalysis might have in one suffering from a degenerative brain lesion. However, it is just possible that through the transference and new interests the symptoms may disappear for a time and give us an opportunity to build up the psyche to keep abreast of the degenerative process.

In conclusion we may state that in the encephalitic process a pathoneurosis is entailed in consequence of the imprisoned narcissism which fails to heal or remove the lesion and thus overflows into the whole behavior reactions of the youthful patients, making the clinical picture so pathetically classic and antisocial. While this study is no more than a preliminary communication, nevertheless our psychoanalytic investigation so far undertaken gives us reason to believe that our hypothesis is not only correct in principle but also lends much to the indication that our method of bringing about an amelioration of the state is a workable one. We admit that we are proposing a plan of analytical treatment to cover the most incorrigible and intangible types of cases from which all grades and kinds of conduct disorders shade out into those of the more or less pure transference type. In the latter, of course, the analytical task may be comparatively simple, and no more than a wise psychoanalytic reëducation may be necessary. Only time and a larger case study will prove the correctness of these conclusions. Undoubtedly the reappearance of conduct disorders when these patients supposedly recovered from their antisocial behavior are returned to the home environment, is due to the incomplete analysis of the parental identifications

and the nonabsorption of these patterns of identifications into the ego. The latter is due largely not to an insufficiency of the controlling energy of the ego nucleus but to the extreme narcissism that prevents sufficient projection of object libido to seize upon interest in the outer world, to retain it and permanently incorporate it into the total ego formation. Therefore the amount of transference and the vividness of object appeal holds the key to our therapeutic endeavor. To the means of intensifying the latter we must now address our main attention.

Finally, one may tentatively postulate upon our clinical and theoretic data that the conduct disorder of post encephalitis lethargica is an ego (narcistic) neurosis which may be studied not only objectively and managed more understandingly than in the past, but that it is not inaccessible to psychoanalytic investigation; and to the efforts of the neurologist may be added those of the psychoanalyst, both enlarging our knowledge of organic psychiatry by mutually helpful cooperation in their respective fields.

DISCUSSION BEFORE N. Y. NEUROLOGICAL SOCIETY, FEBRUARY 2, 1926

DR. M. W. RAYNOR: I am very much interested in Dr. Clark's paper. The State Hospital Commission, after the influx of post encephalitic cases in the State Hospitals, arranged to care for a group of boys and girls under sixteen at the Kings Park Hospital, and we now have there about fifty of these children approximately twelve years old. We have had about eighty in the last two years. All of these cases have been certified as having psychoses. There has been considerable deviation in their conduct, and some of them showed evidences of hallucinations and elusions. We have two cottages, one for the boys, and one for the girls, each holding twenty-five patients. We chose the personnel with especial reference to the care of these children. The personnel consists of nurses, an occupational therapist, and a school teacher. These children presented a practical problem to deal with. It was impossible to classify them or care for them on wards with adults. It was also desired to provide a proper psychological atmosphere for them. The children have been trained to take an interest in their own welfare and to care for themselves and their cottages. Their recreation has been organized and maintained under competent supervision. They have been given a certain amount of academic instruction, to

which they have responded very well. The whole point has been to stimulate an interest in reality, and maintain that interest, if possible. A great deal of improvement has taken place in the majority of these children, but we have not been able to fully meet the situation because our personnel at the hospital has not been sufficient. We have not been able to go into great detail in mental analysis. We have, however, made a careful study of their personalities, their previous histories, the new psychological problems which have presented themselves to these children following their encephalitis, and their type of adaptation. An interesting thing is that when the children reach the age of about twelve, we have a new problem to deal with. They begin to show a quite definite sex trend, and at this point we have found that the sex abnormalities seem to be much more prominent and become more of a serious problem with them. Improvement is not rapid but over a considerable period of time there is an improvement seen in their general conduct reaction and in their emotional reaction. The explosive episodes are not so frequent nor so marked. Many of these patients showed some spasticities, not localized, but general. One would think of the Parkinsonian type. Their spasticities slowly cleared up. A number had the typical breathing syndrome, which has been about the last thing to show improvement, but in some cases this also has shown a marked improvement. I feel that it is necessary to analyze these patients' mental conditions if we are going to get a further marked improvement. Analysis will no doubt help them.

MR. T. E. UNIKER (by invitation): For several years I have had under my observation a number of post-encephalitic cases in a group organized by Dr. Clark. I thoroughly agree with Dr. Clark's and Dr. Raynor's conclusions. It is obvious that the immediate problem is not only to create the proper home atmosphere for such cases where the different types of occupational interests can be employed, but there is another need, namely, some therapy that will take care of the compulsive, sadistic and masochistic behavior reactions so marked in these cases. Psychoanalysis offers us the means by which we can reach these cases, especially through the fantasy method as described by Dr. Clark. Under the fantasy method or a modified analysis my observations have been that all our cases showed immediate improvement. The respiratory and Parkinsonian syndromes together with the conduct disorders have all abated under this form of approach. It would seem that the plan as suggested by Dr. Clark for a small number of cases carefully studied and analyzed would give us

the means by which we can organize the same therapy to apply to larger groups.

DR. L. GRIMBERG: There is no question that the paper of Dr. Clark is excellent; there are only a few things that I, as a neurologist, cannot explain at all. I am not so very well convinced that the majority of supposedly post-encephalitic disorders are really due to encephalitis. It has been my experience lately to see two patients: one with tuberculous abscess of the brain, the other with post-meningitis. However, in post-encephalitic conduct disorders are we dealing with narcistic things? I have watched a number of children, and seen no real improvement. There has only been a change from one condition to another. We notice a similar change in plain Parkinsonian disease. To my mind also there is absolutely no relation between the severity of the lesion of the brain and the amount of conduct disorder that you find in the patient. I have seen patients with very slight attacks of encephalitis who showed great conduct disorder, and I have seen patients with severe attacks show very slight conduct disorders. I cannot believe that the Parkinsonian tremor is due to a masturbatory tendency in the patient. I think it is an organic lesion of the extrapyramidal tracts. I am not a psychoanalyst, but it seems to me that a number of discharged patients from Kings Park have not shown much improvement, whether psychoanalyzed or otherwise.

DR. SMITH ELY JELLIFFE: I have a great deal of disinclination or diffidence about discussion of this problem, because we have had encephalitis for breakfast, luncheon and dinner, and holidays and Sundays, since 1917, when von Economo started the row over there in Vienna. Most of you know that at least two or three thousand papers have been published, and anyone who would attempt to try to envisage in any philosophical way the entire series of phenomena I think will meet with a certain amount of difficulty. Hence the diffidence that I express. Furthermore, I stand here in a sense just as an ordinary doctor, not even a neurologist, and least of all with any claim to be a psychoanalyst. I am, of course, at the same time very much in sympathy with much that Dr. Clark has said, and if by way of discussion, because without a certain amount of difference of opinion there could be no discussion, I seem to offer some slight variations, if not diametrically opposed views, I trust he will understand it is not in any spirit of contention, but rather as a component part of the subject, so that other points of view can come under consideration. Dr. Clark knows, and most of the

other members of this Society know, that since 1911 I have been boring you with talks about the psychogenic component in organic disease. In 1915 Dr. White and I published the first edition of a book called "Diseases of the Nervous System" in which the same program is not only announced in the introduction, but is found in small doses graduated to the developing intelligence of the average college student throughout all the pages of the book. We gave them a little, and then a little more in the succeeding three editions and then some more. We may some time revise the book and start with the right end instead of the wrong end, *i.e.*, start with the psychogenic end and then go through to the so-called physical end. One can see how the latest developments in evolution have made some of the processes through which evolution has gone comprehensible, whereas if one starts with the electron and the atom, one can only conjecture what might be in the course of time.

Dr. Clark says there is no correlation between the cerebral lesions and the symptoms. That is not so. A great many sound correlations between the symptoms and the lesions have been made by a number of observers. Any one who has gone over Kleist's many studies knows perfectly well that there are many such, and he is but one of the many observers, such as Zingerle, Förster, Naville, Hesnard, Wimmer, Hohmann, etc., etc. The symptoms do not necessarily have to be interpreted in a positive sense. They may be interpreted in a negative sense, and when I use these two words, I am thinking of Hughlings Johnson's idea about the "dissolution of function," *i.e.*, that a certain symptom is not necessarily due to a lesion in a definite place, but may result from a lesion in some other place, as in v. Monakow's diaschisis discussions one finds an elaboration of Hughlings Jackson's conception. Furthermore, I cannot agree with Dr. Clark when he says that there can be no bridge between the body and the psyche, nor am I certain that he quotes Sherrington correctly. In the first place there never was any separation. There is no need to build a bridge because there never was any gap. Soma and psyche are one; they always have existed together, and always will be. They represent in psychical or bodily manifestations different phases of the evolution of the functioning of a total human being, and different modes of reaching what the human being as a whole wishes to reach. In disease processes therefore different grades of dissolution of function may occur, according to the position where the lesion may be. In that sense I am a somaticist. I can refer Dr. Clark

further to Dr. Küpper's interesting series of studies on the so-called localization of psychical functions; to Wilckins' paper in which is discussed three cases. His second case is of great interest: an encephalitis occurring in a feeble-minded boy that also had a dementia precox reaction. Wilckins has given a beautiful description of the respective localizations of the processes which produced, not only his feeble-mindedness, his dementia precox, and also the symptoms that newly arose in the course of the encephalitis, and I could go on quoting a large number of papers: Gerstman and Schilder, and so forth.

Dr. Clark further said that there have been no analyses made in these cases. In what sense he means "no analysis" is difficult to say. Runge's case is very beautifully analyzed, not by the strict psychoanalytic method, but it has been well analyzed by the hypnotic method. He made an interesting series of deductions, saying that the conduct of the patient was based upon a masturbatory complex. I have presented an analysis, more in detail than any other thus presented, of a patient in the June number of the *JOURNAL OF NERVOUS AND MENTAL DISEASE*, 1925, in which I have taken up the respiratory attacks, tremor, the flow of saliva, the greasy skin, and attempted to show analytically what they all may mean. Hauptmann's extremely interesting analysis in sixty-two pages of the *Zeitschr. f. Neurologie u. Psychiatrie* gives in detail an introspective orientation of the patient's own movements and his own feelings. This mode of description is not unlike the phantasy method of Dr. Clark. The patient himself fancied all these feelings, where they came from, and his own interpretation is given.

There is one more point I wish to mention. First, I feel that Dr. Clark is quite too specific when he spoke of the narcissic neuroses as constituting the only type he observed in encephalitis. I do not think this is so. A great variety of stages are observable. We have all had a great deal of experience with encephalitis and I do not know how many hundreds I myself have seen. I have seen them here, in England, in France, in Switzerland, in Holland, Austria, and in Italy. The variations are kaleidoscopic. Nobody can attempt to envisage them, but one thing needs to be borne in mind. I said this at the discussion of the Research Society. I quoted Stärcke when he said he had been looking ever since he had been practicing medicine for what were called "normal" people. "Normal" is only a logical fiction. There are all kinds and stages of people. If one would use the "type" fictional conception such may be ar-

ranged more or less according to various grades of their psychosexual evolution. These differently developed individuals may be involved in an encephalitic process with a resulting acute or residual chronic psychoneurosis or psychosis (Dr. Clark, if I heard him aright, said they did not have any psychoses), but they nearly all begin with a psychosis, and there are a lot of residual psychoses. The resultants are largely determined, however, by the stage of the psychosexual evolution of the individual involved. If the individual is eight to twelve years of age, like the fifty or sixty children described by Dr. Raynor, we do not expect a complete degree of psychosexual evolution to the social standard. They must remain in a narcissistic stage. This fact may serve to explain why that type of person will not be able to be treated by the ordinary transference methods of psychoanalysis, but individuals who have advanced to such a stage of psychosexual integration, the so-called "average" or "normal" people can be handled just like any transference neurosis. I think Dr. Clark will agree with me in that respect. I think he has in mind mostly some of these lower stages of integration. I do not mean "lower" in the sense of inferior; I am speaking from the standpoint of psychosexual evolution.

DR. P. R. LEHRMAN: Dr. Clark's paper is important in this: that he calls attention to a new method of managing narcissistic neuroses. At a recent meeting of New York Psychoanalytic Society where Dr. Clark presented his phantasy method and Dr. Jelliffe in Socratic manner brought out the salient points of the technique, it appealed to us as a valuable modification of the psychoanalytic method in the treatment of the ego or narcissistic neuroses. We may be justified in viewing the personality sequelæ of encephalitis as ego-neurotic manifestations, when we bear in mind the fact that the physical sequelæ of this illness are the release of paleokinetic mechanisms. Similarly in the psychic sphere, it is the release of the paleopsyche or the narcissistic factors which is in evidence in post-encephalitis personality disturbances. An individual may be in an advanced stage of psychosexual development and yet regress to the narcissistic stage as a result of encephalitis or other physical or psychic traumata. What Dr. Clark aims at is the mobilization of whatever libido he finds in his patients, and to convert it into object libido. He is thus able to take the lowest form of the ego and build it up towards the goal of the ego-ideal. In my own experience I have a case which will illustrate this. In the winter of 1920 I accepted for treatment a dentist who had post-encephalitic physical

and mental symptoms. He felt incapable to practice his profession, and when he first consulted me he was in the employ of the street cleaning department as a snow shoveler. He showed other evidence of regression. After a year's treatment he recovered sufficiently to establish an office, and at present he is quite successful in his profession, though he still shows some evidence of the Parkinsonian syndrome. I began with the Freudian technique, but soon found that modifications were necessary for this patient. He obtained enough object libido to enable him to come back to the world of reality. We have seen other therapeutic measures help such patients. The Vanderbilt Clinic and Post-Graduate groups of encephalitics have been improved temporarily a few times. A few years ago a physician having returned from Vienna enthusiastically began treating these patients with typhoid vaccine and they improved for a time, but when he lost interest in that group, they regressed. Then another physician treated the same group of patients, and the same thing happened until he lost interest. This raising of the patient's level will recur with the coming of other enthusiasts of some mode of therapy, and the mechanism of improvement or regression will be lost sight of unless we make use of our psychoanalytic insight. In his paper to-night Dr. Clark is calling attention to this insight and also is giving us a method for the reconstruction of the post-encephalitic personality changes.

DR. JOSHUA H. LEINER: I would like to speak upon this subject from the somatic standpoint. A child of seven years had encephalitis a year and a half before I saw him. Following his attack he showed conduct disorders, character changes, together with respiratory disturbances. When in my office he would run around the room, destroy things, bite, scratch, stuff himself with food, etc., and even urinate and defecate in his garments and on the floor. Four months after I saw him, he contracted a pneumonia with high temperature. After his convalescence he walked into my office with his gloves on his hands, a little walking stick, and deported himself like a little gentleman—a very dramatic change. The family doctor tells me that the child a year later reverted to his conduct disturbances again. This child improved because of certain somatic changes and improvement in his brain cells. I cannot correlate definite pathological symptoms and improvement, as in this case, with a therapy such as psychoanalysis. I can only speak of this case as a shock reaction occurring on the basis of foreign protein therapy. If Dr.

Clark can explain this boy's improvement with the psychoanalytic method, I would like to have him do so, but I cannot see the bridge that will span the gap. After any shock therapy the patients will get better, but will revert to their symptoms again after a while.

Three or four years from now, if Dr. Clark's case will show improvement and no reversion, then we can speak of a cure, but otherwise it is only another type of therapy which probably will also be of temporary help.

DR. IRVING SANDS: I deem it a duty to discuss the paper because of the seriousness of the subject. Working in neuropsychiatric clinics every afternoon of the week, I am called upon to treat all types of encephalitic cases, and all sorts of post-encephalitic states. Many of the patients I have followed for years in the out-patient clinic of U. S. Veterans' Hospital No. 81. It is natural, therefore, that I should have formed an opinion about the subject in general. I am sorry that it is a pessimistic one.

In the largest number of instances, epidemic encephalitis is not a definitely acute condition with a decided termination. Most of the cases are of the subacute type. When there is apparent clinical recovery, there occurs anatomically ectodermic and mesodermic replacement of the destroyed tissue. There is, therefore, a constant change in the anatomical condition of the brain, and consequent clinical changes. We have tried almost every known sort of therapy, but without any real improvement at the end of any given time. Typhoid vaccines, mixed vaccines, iodides, sodium nucleolenates and aolan were given trials but all have not proven what we hoped they might. Our physiotherapy outfit is the best in the country, and we are utilizing it in our efforts to help these patients. Yet it too has not proven of real value. That does not mean that the various methods of therapy are useless, for they do help, but not to the extent as we and the patients would like them to help.

Any patient that can afford a rich regime presents no problem whatever. It is the everyday clinic case and even office case that presents serious problems. Take the post-encephalitic child who keeps the family awake at night. The wage earner is deprived of his sleep and a vicious circle is then established. The creation of a center of therapy at Kings Park State Hospital is a God-sent gift for a few families. Many judges will refuse to commit children to a State Hospital, and many families will likewise object. The problem is not an easy one by any means. We have attached to our clinic psychoanalysts of acknowledged pro-

ficiency, and yet they have had little success in handling these patients. Another problem is the impotency which is so common amongst the male patients; nature seemingly attempting to limit the offspring of these individuals. Anybody leaving this room with the feeling that there is a definite concrete effectual means of managing these patients is greatly mistaken.

DR. GREGORY STRAGNELL: Dr. Clark kindly let me read his paper before he presented it. My chief interest in the subject is not for the amelioration or the care of the conduct disorders of these cases or groups of cases, frankly, but I think that the following out of some such plan might help a great deal in giving us some clue to rearrange the conduct disorders of the bulk of the medical profession, which I think is far more important. That does not sound so good, but it is true. It seems to me that the important thing to derive from a plan which follows the lines Dr. Clark has worked out would be to follow a subject which has become very dear to me from the inspiration I have derived from the work Dr. Jelliffe has done, and which seems to me most important, and that is to realize some of the pathways over which the psyche manifests itself somatically, and through which the psyche is influenced by the soma. Really to try to divide them is rather presumptuous on the part of the medical profession, not only presumptuous, but extremely childish. I cannot conceive that such a thing can be possible, and I think the most important thing is for us to lose our respect for our own selves for the moment and to realize, as I have come to realize in my work more every day, that we can listen to a patient's story and prophesy not only the conduct disorder, but just about where we are going to have a tumor, or a pyelitis, and furthermore to find the organic weak spots, or rather, I would say, the spots where the stress is going to be laid, not only in the conduct disorders; where the soma is going to break through in an effort to find expression through those pathways, whether it is encephalitis, or a breast tumor, or a nasal catarrh, or a sinus, or anything you please, and those of you who insist on making gods of your microscopes and goddesses of your test tubes are going to be very much in the position that the ancients were with the multiplicity of their graven stone images. I think this is extremely important, and as I said before, I think it is a conduct disorder that we are all suffering from, when we limit ourselves to following narrow pathways. We too little realize that the organism is a unit of a larger unit, namely, the experiences which man has

passed through from the time chemicals, light, heat and power united in some way to form a living cell. Life is experience, or function, and we will not be physicians in the true sense if we only think in terms of structure.

DR. CLARK (closing): Although we may have had encephalitis as a continued topic for scientific discussion for several years, my effort here to-night is the first genuine psychoanalytic attempt to explain the mental symptoms. Frankly, I did not enter this field with any great hopes of radically removing the mental sequelæ of the infectious process. The main purpose was to reënter the field of the organic neuroses by the instinctual route rather than by a neurologic or biologic one, as I did in the tics several years ago, and as I interpret so much of Dr. Jelliffe's work still to be. While both methods have their advantages I hold that the strict phychoanalytic one is better as Freud and Ferenczi have shown or at least suggested. I admit that I took as the paradigm of mental sequelæ the worst possible types of ego neuroses in conduct symptoms; not that there are not many others of the transference type but we see in many reports how the latter are reduced to a comparatively recovered state of mind, while no one as yet has made any encouraging permanent change in the intangible type which makes the subject of my thesis. As I think I have made clear in my paper, we succeed in entering the unconscious conflict in our cases by giving libido to our little patients instead of extracting it as in the transference neuroses. In the end we must expect that these children will objectivate their libido, but at first in order to break down the narcissistic protection to the imprisoned ego libido we have to give libido. We help them to organize their own lives about the soundest part of their still intact ego nucleus and to absorb our identified interest (libido) into the hegemony of their ego. The method of advancing this latter aim is the keynote as to whether or not the benefit gained by the patient shall remain permanent and stable. How to raise the power of ego integration is the great problem. It may not be counted as an essential defect in the nature of the ego until we have broken down all the narcissistic protection not immediately required to make the ego operative for normal living. My paper is a contribution to the psychoanalytic instinctual reintegration of the ego libido rather than a structural and neurologic approach to this problem, as in the past.

DISCUSSION BEFORE THE AMERICAN PSYCHO-
ANALYTIC ASSOCIATION, JUNE 10, 1926

DR. I. CORIAT: From the standpoint of technic, I have heard Dr. Clark present his paper on the phantasy method of analyzing the narcissistic neuroses at the International Psychoanalytic Congress at Bad-Homburg, and in listening to his paper at that gathering and also in listening to his paper this evening, I failed to see any difference between what Dr. Clark terms the "phantasy method of analyzing the narcissistic neuroses" and the method which we always use in both the narcissistic and the transference neuroses, that of free association. Of course, we should welcome any new technical procedure in the analysis of the narcissistic neuroses, which are the most difficult types of neuroses to analyze, partly because most analytic work, both in theory and practise, has been concentrated more on the transference neuroses, and Freud has pointed out that the time has come when we must devise a new form of technic for the analysis of the narcissistic neuroses, which up to then had remained almost impregnable to therapeutic attack. At that same congress I presented a paper on the oral-erotic components of stammering, and in that paper and in a subsequent publication in the last number of the *Zeitschrift* I pointed out what I felt would be the only method of attacking the narcissistic neuroses, and that is to find a vulnerable point in the narcissism, or what I termed, cracking the narcissistic shell of the patient. In the stammering neurosis, which is an extreme type of the narcissistic neurosis, I found that the vulnerable point in the narcissism was the oral libido, which, when subjected to long analysis with free association, was found to lie at the basis of the stammering, and consequently the narcissistic neurosis of stammering will set up a peculiar form of anal-erotic resistance in the form of constipation, which is really a form of anal stuttering at the other end of the intestinal canal from the mouth; the only way of overcoming this narcissistic resistance was again by an intensive and prolonged analysis with free association of the anal-erotic resistance. For both of these I used the free association method, but in both I concentrated for a long period on the free association of one aspect of the libidinal component, namely, in one case on the oral and in the other on the anal. I fail to see, and I wish Dr. Clark would explain further, how his phantasy method would differ in any way from the method I have devised in the analysis of the narcissistic stammerer, namely, finding what I term the vulnerable point in the narcissistic shell.

DR. C. P. OBERNDORF: Dr. Clark has had the courage to attack a baffling problem, and one which has confused everyone who has come in contact with it. There is a case I would like to mention of a young man of twenty-four whom I saw, with a right facial palsy, a right sixth, and a very mask-like appearance. He had encephalitis in 1924, in which he slept for nearly six weeks. Before he became sick he was a good deal of a shut-in type. He occupied a position as bank clerk, but had not advanced much. Following his sleeping-sickness he showed an increasing indifference to his work, and was finally sent to King's Park State Hospital. He was brought to me, and then he told me that prior to the onset of his encephalitis he had been suffering from what he called a compulsion. He felt a compulsion to masturbate against people in the subway. He said that following the encephalitis it seemed as though all control had been removed and he was in constant difficulty and in constant danger because of his inability to control this habit which he had before the encephalitis. It seems to me a rather interesting description of the complete leaving of whatever control there is in the mind, but still it did not seem to me that Dr. Clark explained very well where this factor of control lay. He speaks of the ego nucleus of the brain. It is very difficult for me to get an image where he places that anatomically. Recently at the Neurological meeting in Atlantic City the question of the posture reflex came up, and some of the anatomists were inclined to place it in the pons or in the medulla. It was thought in all probability that the posture reflex being something which is acquired late in our development, is perhaps in the cortex. Where does Dr. Clark postulate this ego nucleus in the brain? Is it in the cortex, perhaps in the frontal lobe, and what does he consider the effect of the encephalitis upon such a reflex? Is it wiped out, or what?

DR. H. S. SULLIVAN: I wish to thank Dr. Clark for having taken up so practical and worth-while a subject as conduct diseases which come from organic impairment. We hear a lot of rot nowadays about neurology and the impairment due to neurological disorders. At the same time we know that the central nervous system is capable of making remarkable compensations for the most amazing damages. I have several paranoid psychotics which followed encephalitis and which I interpreted as the struggle of the individual to make up for his enforced inadequacies due to neurological damage. We see it in patients who have developed schizophrenia with an abscessed tooth or diseased tonsils. I wonder if Dr. Clark is not over-stressing the narcissism feature. Dr. Coriat has brought the stutterer into the field

of the narcissistic neuroses. I wonder if Dr. Clark does not have a special facility for overlooking the other features, people struggling with difficulties in their everyday life, repressing a certain amount of their life experiences, and developing peculiarly inadequate resistances as a result of that. Are we not becoming lost in a welter of language about narcissism theories, components of ego libido, etc., which seem to be more complicated than we know the central nervous system and the rest of the body to be, and is it not time for Dr. Clark to begin to simplify the technic given? It has become very interesting indeed in its complexity. Does it assist in the care of patients? Does it assist the analyst in keeping his feet on the ground? I should like to know if Dr. Clark does not find quite as many of these encephalitic cases suffering from transference neuroses as from narcissistic neuroses?

DR. G. STRAGNELL: I am not qualified to go into the finer technical points of how much narcissism there is in these cases, but I have been much interested in following Dr. Clark's phantasy method, and I should like to know if the method is applicable in the ordinary neuroses as the ordinary method of psychoanalysis. It seems to me in narcissistic neuroses, this might be a suitable method of overcoming resistance which is so difficult sometimes under the ordinary methods of analysis, although not insuperable. It might be a short cut. I should like to know in Dr. Clark's experience if he has found that the phantasy method is better than the ordinary analytical method, or is it as good, and is it productive of the same results, both theoretically as well as from the point of view of getting data?

DR. CLARK: I think I may say that no psychoanalyst would care to indulge in the long and laborious process of using the phantasy method in the narcissistic neuroses if we could make the transference mechanism work as in the ordinary neuroses. Certainly Freud and his coworkers have outlined a very satisfactory system of handling transference neuroses by the method that has already been worked out, but at the very outset we are here confronted with a narcissistic manifestation of an antisocial behavior in which the transference mechanism is of no use, and it is to meet just such situations that I have endeavored to carry the phantasy method into the analysis as a means by which we may ultimately establish a beginning and carry the analysis to that point where a sufficient object libido is brought into the situation so that the patient may ultimately be analyzed by the transference method. Just so soon as it is possible to operate by

this latter method I always shift from the phantasy to the transference method. As to the use of the phantasy method, in transference states the narcissistic situations may be valuable. That is, much of the unconscious infantile material which is not ordinary neuroses may be developed by the phantasy method and furnish us psychological affective material not capable of being produced by the ordinary method of analysis. In my formulation of the unidentified portion of the total personality there is embraced what Freud has called the ego nucleus. This becomes the object of the splitting of the libidinal attachment in the nursing act at its cessation and helps to form the narcissistic libido complement protection to this unidentified portion. It is through the normal employment of this that the beginnings of a conscious personality is formulated and only by a proper degree of this narcissism can a separateness of existence of the child from that of the mother be brought into being. At another time I shall furnish a very large data derived from various sources by which we may lay some foundation of the psychological physiology of the brain. For instance, we know that the midbrain is the midbrain structurally and functionally, but we do not know its proper significance in its functioning relationships with environment in which social and psychological values are expressed. I have been particularly impressed in handling these narcissistic states, and I believe it is going to be a great key by means of which we might get in some degree into their isolation. I believe that my method or some modification of it which is closely akin to that which Stärcke and Wälder have also employed will be a means by which we may gain some degree of penetration into the isolation that the narcissistic neuroses from outside help now maintains. I do not find any crack in their shells, in Dr. Coriat's phrasing, nor am I able to produce one by the ordinary means of transference mechanism. I do believe, however, that by gaining a counter transference, a giving of libido to these patients, that in time we may make a penetration into many of them in which the narcissism is not entirely engrossed in the ego protection so that we can collaborate, as it were, with the patient and enable him to disintegrate some degree of the ego libido complement, so that it may be placed to an objective transference and that it is possible for us to maintain a transference situation somewhat comparable to that seen in the severest forms of compulsion neurosis. Abraham asked me at the Homburg Congress, "What do you do when you find there is no means of ingress?" I said then as I say today, that we simply must stay outside. If

after a time and with greatest patience, as Walder has shown, we are able to penetrate into their narcissistic formation sufficiently to enable them to break down some portion of their narcissism we can really bring about some definite amelioration in the psychoses. I am still experimenting and modifying my methods of handling these cases and shall take occasion to give an historiographic account of the difficulties we have encountered in the actual operation of these new methods of approach in order that we may gain a cooperative spirit on the part of those who have already made some advance in this field of psychoanalytic activity.

DR. L. E. EMERSON: I should like to express to Dr. Clark my gratitude for giving me a term of expression and of consciously formulating what I have been unconsciously doing with a number of my narcissistic cases for many years. This is a perfect discussion, and is an exact exposition of much of my personal experience, with exactly the same sort of situation including a case of encephalitis followed by Parkinson's syndrome.

DR. CORIAT: I do not like to prolong this discussion, but I do not think Dr. Clark has answered my question. I think we will all admit that the narcissistic neuroses are the most difficult types to deal with psychoanalytically. In handling the narcissistic neuroses it is true that we have to remain outside of the narcissistic shell; that is the method which I have used in the narcissistic neuroses in the treatment of stammerers in spite of what Dr. Sullivan says in finding these beautiful transference symptoms in stammerers which I have never found. My feeling in the matter is this: that we must remain outside the narcissistic shell. We can only enter the narcissistic shell by finding the vulnerable point in the shell, and, metaphorically speaking, cracking it, and that shell can be entered in the stammerer only by an intensive analysis of the entire oral libido or of the anal resistance. In that method we use the free association. I have never used any phantasy.

DR. CLARK: I congratulate Dr. Coriat if he is able to produce a complete amelioration of these cases by the method which he suggests. I have not been able to do this as he indicates. I have had a long experience with stammerers, probably quite as extensive as Dr. Coriat's, and I can agree with him that the confirmed stammerer is a classic narcissistic person. My published case histories of this condition and those which I shall publish soon will substantiate this. The main thing that I wish to say, however, in regard to the whole situation is that by the present

current methods of psychoanalysis when we get to a certain point the patient does nothing and in the absence of dreams and free association you come to an impasse and only by some analysis that avoids the direct line of attack can we flank the situation and gain a wealth of material which we are able to handle then in ordinary psychoanalysis. In some of these cases they have produced spontaneously a written material of very extended sort. This spontaneously flowing phantasy and imagery and fanciful living can be as much utilized as made up dreams, free associations, and the like. By the vaguest sort of inference one may understand what the main difficulties in these narcissistic neuroses are by the transference mechanism but it only gives us insight without ability to utilize the material except by some such method as I have demonstrated. I think I have voiced the sentiment of the majority of analysts in saying that they cannot find a means of entrance into the narcissism of these patients by such a method as Dr. Coriat has outlined. If that exists, if there is a crack or a means of entrance, then I do not believe the diagnosis of a completely narcissistic condition really obtains because the very state itself depends upon the efficacy of their closed system.

DR. CORIAT: I am not looking for a crack in the shell—I am making it.

DAS BUCH VOM ES

(The Book of the It)

BY

GEORG GRODDECK

(Authorized translation furnished and revised by the author.)

LETTER I

So, my dear, you want me to write to you, and it is to be nothing personal or gossipy. I am not to make fine phrases but to be serious, instructive, and, as far as possible, scientific. That's tiresome!

What has my humble self to do with science? The small amount one requires as a practising physician I cannot display to you, or you would see the holes in the gown with which, as qualified physicians, we are officially endowed. Perhaps, however, I shall meet your wishes if I tell you why I became a doctor, and how it was that I turned my back on science.

I do not remember that as a boy I had any special liking for the profession of medicine, and I am very certain that, neither then nor later, did I bring any humanitarian feeling into it; if, as may well be, I used to deck myself out with such noble sentiments, you must look upon my lying with a lenient eye—I became a doctor just because my father was one. He had forbidden all my brothers to follow that career, probably because he wanted to convince himself and other people that his financial difficulties were due to a doctor's wretched remuneration, which was certainly not the case, since his praises were sung by young and old alike, and he was correspondingly rewarded. But he liked, just as his son does, and indeed every one of us, to look for outside causes when he knew that something was out of harmony within himself. One day he asked me—I don't know why—whether I would not like to be a doctor, and because I looked upon this enquiry as a mark of distinction which set me above my brothers, I said yes. With that my fate was sealed, as regards both my choice of a profession and the manner in which I have followed it. For from that moment I consciously imitated my father to such a degree that an old friend of his, when she came to know me many years later, broke out with the

words: "Just your father over again, only without a spark of his genius."

On this occasion my father related to me a story which later, when doubts arose as to my medical capacity, kept me fast to my work. Perhaps I had already heard it before, but I know that it made a deep impression upon me while I was in that exalted mood, fancying myself, like Joseph, raised above my brothers. He had watched me, he said, when as a three-year-old I was playing at dolls with my sister a little older than myself, and my constant playfellow. Lina wanted to pile still another garment on the doll and, after a long dispute, I gave in to her with the words "All right, but you'll see she'll smother!" From this he concluded that I had a gift for medicine, and I myself drew the same conclusion from these slender grounds.

I have mentioned this trivial incident to you because it gives me the opportunity to speak of a certain peculiarity of mine, to fall a prey to anxiety about quite insignificant matters, suddenly, and without apparent cause. As you know, anxiety is the result of a repressed wish; in that moment when I uttered the thought "The doll will smother," the wish must have been in me to kill someone represented by the doll. Who that was I do not know, but one may surmise that it was this very sister; her delicacy secured for her many privileges from my mother which I, as the baby of the family, wanted for myself. There you have the essential quality of the doctor, a propensity to cruelty which has been just so far repressed that it is useful, and which has for its warder the dread of causing pain. It would be worth while to pursue this subtle interplay between cruelty and anxiety in mankind, for it is extremely important in life, but for the purpose of this letter it is sufficient to establish quite clearly the fact that my relation to my sister had a great deal to do with the development and with the taming of my desire to cause pain. Our favourite game was "Mother and Child," in which the child was naughty and was slapped. My sister's delicacy compelled us to do this gently, and the manner in which I have carried on my professional work reflects our childhood's play. Nearly as great as my aversion from the surgeon's bloody trade is my dislike of the assorted poisons of the pharmacopoeia, and so I came to massage and to mental treatment; these are both not less cruel, but they adapt themselves better to any particular man's desire to suffer. Out of the constantly changing demands made by Lina's heart-trouble upon my unconscious sensitivity, there grew

the preference for dealing with chronic cases, acute disease making me impatient.

That is, roughly, what I can tell you about my choice of a profession. But if you will only reflect a little, all sorts of things will occur to you in connection with my attitude to science. For anyone who from childhood upwards has had his attention directed to one particular invalid will find it difficult to learn how to classify things systematically according to the rubric. And then, too, there is that very important question of imitation. My father was a heretic in medicine; he was his own authority, went his own ways, right or wrong, and showed no respect for science either in word or in deed. I still remember how he scoffed at the hopes that were raised by the discovery of the tubercular and the cholera bacilli, and with what glee he recounted how, against all physiological teaching, he had fed an infant for a whole year on bouillon. The first medical book which he put into my hands—I was at that time still a lad at the Gymnasium—was the empirical teaching of Rademacher, and since in that book the points conflicting with scientific teaching are heavily underlined and plentifully sprinkled with marginal comments, it is no matter for surprise if already from the beginning of my studies I was disposed to doubt.

This disposition to doubt was in yet other ways determined. When I was six years old I lost for a time the exclusive companionship of my sister. She gave her affection to a school friend called Alma, and, what was terribly hard to bear, she taught our little childish sadistic games to this new friend and shut me out from them. On one solitary occasion I managed to overhear the two girls while they were at their favourite occupation of telling stories. Alma was making up a tale about an angry mother who punished her disobedient child by putting it into a privy-pit (one must picture for that a primitive country closet). To this day it sticks in my memory that I did not hear the conclusion of this story. The friendship between the two little girls came to an end, and my sister returned to me, but that period of loneliness was enough to inspire me with a deep distaste for the name of Alma.

And here I must certainly remind you that an University calls itself Alma Mater. That gave me a strong prejudice against science, all the greater because the term "alma mater" was also used of the Gymnasium in which I followed my classical studies, and where I suffered much that I should have to tell you of, if I were concerned to make you understand the unfolding of my

nature. That, however, is not what is in my mind, but only the fact that I attributed all the hatred and the suffering of my schooldays to science, because it is more convenient to ascribe one's depression to external events than to seek its roots in the depths of the unconscious.

Later, only very late, did it become clear to me that the expression "Alma Mater," nursing mother, recalled the earliest and the hardest conflict of my life. My mother had nursed only her eldest child; at that time she was visited with a severe inflammation of the breasts which atrophied the milkglands. My birth must have taken place a day or two earlier than was expected. In any case, the wet-nurse who had been engaged for me was not yet in the house, and for three days I was scantily nourished by a woman who came twice a day in order to feed me. That did me no harm, one might say, but who can judge the feelings of a suckling babe? To have to go hungry is not a kind welcome for a new-born infant. Now and then I have become acquainted with people who have had a like experience, and even if I cannot prove that they suffered mental harm thereby, still it seems to me quite probable that they did. And by comparison with them I think I have come off well.

There is, for instance, the case of a woman—I have known her for many a year—whom her mother conceived a dislike for at her birth, and whom she did not nurse, as she had the other children, but left her to a nursemaid and the bottle. The baby, however, preferred going hungry to being suckled through a rubber tube, and so grew more and more sickly, until the doctor roused the mother out of her antipathy. From being callous she now became most attentive to her child: a wet nurse was engaged and never an hour passed without the mother's going to look after the baby. The youngster began to flourish and grew up a healthy woman. The mother made a pet of her and up to the time of her death, tried to win her daughter's love, but in that daughter only hatred survived. Her whole life has been a steady chain of enmity whose separate links are forged by revenge. She plagued her mother so long as she lived, deserted her on her deathbed, persecuted, without realizing what she was doing, everyone who reminded her of her mother, and to the end of her life will be a prey to the envy which hunger bred in her. She is childless. People who hate their mothers create no children for themselves, and that is so far true that one may postulate of a childless marriage, without further inquiry, that one of the two partners is a mother-hater. Whoever hates his

mother, dreads to have a child of his own, for the life of man is ruled by the law, "As thou to me, so I to thee," yet this woman is consumed by the desire to bear a child. Her gait resembles that of a pregnant woman; when she sees a suckling babe her own breasts swell, and if her friends conceive, her abdomen also becomes enlarged. Though used to luxury and society, she went every day for years to help at a lying-in hospital, where she kept the babies clean, washed their swaddling clothes, and attended to the mothers, from whom in uncontrollable desire she would snatch the new-born infants to lay them to her empty breast. Yet she has twice married men of whom she knew in advance that they could beget no children. Her life is made up of hatred, anxiety, envy and the yearning cry of hunger for the unattainable.

There is also a second woman who went hungry for the first few days after her birth. She has never been able to bring herself to the point of confessing a hatred of her mother, who died young, but she is incessantly tormented by the feeling that she murdered her, though she recognizes this is irrational since her mother died during an operation of which the girl knew nothing beforehand. For years she has sat in her room alone, living on her hatred for all mankind, seeing no one, spurning, hating.

To return to my own story: the nurse finally arrived and stayed in our home for three years. Have you ever pondered over the experiences of a baby who is fed by a wet nurse? The matter is somewhat complicated, at least if the child has a loving mother. On the one hand, there is that mother in whose body the baby has lain for nine months, care-free, warm in undisturbed enjoyment. Should he not love her? And on the other hand, there is that second woman to whose breast he is put every day, whose milk he drinks, whose fresh, warm skin he feels, and whose odor he inhales. Should he not love her? But to which of them shall he hold? The suckling nourished by a nurse is plunged into doubt, and never will he lose that sense of doubt. His capacity for faith is shaken at its foundation, and a choice between two possibilities for him is always more difficult than for other people. And to such a man, whose emotional life has been divided at the start, who is thereby cheated of full emotional experience, what can the phrase *alma mater* mean, but a lie to scoff at? And knowledge will seem to him from the beginning to be useless. He knows, that woman over there who does not nourish thee is thy mother and claims thee as her own; this other gives thee her breast and yet thou art not her child. He is confronted with a

problem which knowledge is unable to solve, from which he must flee, away from whose troublesome questioning he can best take refuge in phantasy. But whoever is familiar with the kingdom of phantasy recognizes, at one time or another, that all science is a kind of phantasy, a specialist type so to speak, with all the advantages and all the disabilities of specialization.

There are other people who do not feel at home in this realm, and of one such I will now briefly tell you. It was not intended that he should be born, but he managed to be born in spite of his father and mother. So the wife's milk dried up, and a wet nurse was procured. The little boy grew up among his happier brothers and sisters who had been nursed at their mother's breast, but always remained a little stranger among them, as indeed he remained a stranger to his parents. And without either knowing it or wishing it, he gradually severed the bond between the parents through the pressure of their half-conscious sense of guilt, clear enough to strangers' eyes in their peculiar treatment of their son, so that they fled from one another, and knew no more each other. The son, however, became a doubter, his life was divided, and because he did not dare to indulge in phantasy—since he must be an honourable man and his dreams were those of an outcast adventurer—he began to drink, a fate that greets many a one who has been deprived of love in babyhood. But as in everything else, so also in his lust for drink was he divided. Only now and then, for a few weeks or a few months the feeling came over him that he must drink, and as I have followed up his wanderings, to some extent, I know that some reminder of the nurse of his childhood always comes to his mind before he seizes the glass. That makes me sure that he will be cured. And this is another strange thing: he chose as his wife a girl who has for her parents a hatred as great as his own, who is just as foolishly fond of children as he is himself, and who yet fears to bear children as she fears death. And because she gave his racked soul no assurance that a child might not be born who would punish him, he contracted a venereal disease and infected his wife. So much tragedy is hidden in the lives of men!

My letter draws to a close, but may I carry the story of my nurse a little further? I cannot recall her appearance. I know nothing more than her name, Bertha, the shining one. But I have a clear recollection of the day she went away. As a parting present she gave me a copper three pfennig piece, a "Dreier," and I know very well that instead of buying sweets with it, as she

wished, I sat me down on the kitchen step of stone and rubbed the coin on it to make it shine. Since that day I have been pursued by the number three (*drei*). Words like trinity, triangle, triple alliance, convey something disreputable to me, and not merely the words but the ideas attached to them, yes, and so the whole complex of ideas built up around them by the capricious brain of a child. For this reason, the Holy Ghost, as the Third Person of the Trinity, was already suspect to me in early childhood; trigonometry was a plague in my school days, and the once brightly esteemed *Dreibundspolitik* I banned from the beginning. Yes, three is a sort of fatal number for me, when I look back over my emotional life I realize that in every case where my heart was engaged, I broke in as a third upon a friendship, already existing between two persons, that I always separated the one who roused my emotion from the other, and that my affection cooled as soon as I had succeeded in doing so. I can even see that, in order to revive this dying affection, I have again brought in a third whom I might again drive away. And so in one direction, and that certainly no unimportant one, without intention and even without knowledge, are repeated in me those feelings associated with the double relationship to mother and nurse and with the conflict aroused by the parting—a matter worthy consideration, since it shows, at least, that in the mind of a three year old child there are processes at work which, though extremely involved, yet have a certain unity at the source. I saw my nurse once again later on—I may have been eight years old—for a few minutes only. She was a stranger to me and I had a heavy sense of oppression while she was by.

I have two more little stories to give you, not without significance, connected with this word "*Dreier*." One day, when my elder brother was beginning to learn Latin, my father asked him at table to give the Latin for "tear." He didn't know it, but for some reason or other I had noticed the word *lacrima* the evening before whilst he was memorizing his vocabulary, and so I answered in his place. As a reward I was given a five-groschen piece. After the meal my two brothers asked me to exchange this for a smoothly polished three-pfenning piece, which I joyfully did. Besides the desire to put the bigger boys in the wrong, some dim emotional memories must have influenced me in this. I will tell you later, if you like, what the word *lacrima* signifies to me.

The second incident raises my spirits whenever I remember it. As a grown-up man, later, I wrote a story for my children in

which appeared a withered, dried-up old maid, a learned person who taught Greek and was much derided. To this offspring of my fancy, flat-chested and bald, I gave the name "*Dreier*." Thus did my flight from the first, forgotten pain of separation make out of that maid, so alive and loving, who had fed me and to whom I clung, the image that represents science to me.

What I have written is certainly serious enough, at least for me, but whether it is what you wished to get from our correspondence, the gods alone can say. However that may be, I am still, as ever, your very faithful,

PATRIK TROLL.

LETTER II

Fair lady, you are not pleased; is there too much of the personal in my letter, and you would have me objective? But I thought I had been! Let us see then; what I wrote about was the choice of a profession, certain aversions, and an inner conflict which lasted from childhood onwards. Certainly I spoke of myself, but these experiences are typical, and if you apply them to others there is much that you will learn to understand. One thing above all will become clear to you, that our lives are governed by forces that do not lie open to the day, but must first be laboriously sought out. I wanted to show by an example, by my own example, that a great deal goes on in us which lies outside our accustomed thought. But perhaps it would be better if I told you at once my purpose in my letters, and then you will be able to decide whether the theme is sufficiently serious. If once I drop into chit chat or into fine writing, you must tell me; that will help us both.

I hold the view that man is animated by the Unknown, that there is within him an "Es," some wondrous force which directs what he himself does, and what happens to him. The affirmation "I live" is only conditionally correct, it expresses only a small and superficial part of the fundamental principle "Man is lived by the Es." With this Unknown, this Es, my letters will be concerned. Are you agreed?

Yet one thing more. Of the Es, we know only so much as lies within our consciousness. Beyond that, the greater part of its territory is unattainable, but by search and effort we can extend the limits of our consciousness, and press far into the realm of the unconscious, if we can bring ourselves no more to desire knowledge, but only to fantasy. Come then, my pretty Dr. Faust, the mantle is spread for the flight. Forth into the Unknown. . . .

Is it not strange that we should know nothing more of our three first years of life? Now and then a man produces some faint remembrance of a face, a door, a wallpaper, or whatnot, which he claims to have seen in his infancy, but never yet have I met anyone who remembered his first steps, or the manner in which he learned to talk, to eat, to see or to hear. Yet these are all vital experiences. I could well imagine that a child, in stumbling across a room for the first time, receives a deeper impression than his elders would from a visit to Italy. I could well imagine that a child who realises for the first time that the person with the kind smile over there is his mother, is more completely gripped by his emotion than the husband who leads his bride home. Why do we forget it all?

There is much to say on that, but one point must be made clear before proceeding to the answer. The question is wrongly put. It is not that we forget those three first years, only that the remembrance of them is shut out from our consciousness; in the Unconscious it goes on living, and continues to be so active that all we do is fed from this unknown treasure-heap of memory: we walk as we then learned to walk, we eat, we speak, we feel just as we did then. There are matters, then, which are cast out of consciousness although they are essential to life, which, just because they are essential to life, are preserved in regions of our being which have been named the Unconscious. But why does the conscious mind forget experiences without which mankind could not exist?

May I leave the question open? I shall often have to put it again. But now it is more in my mind to enquire from you, as a woman, why mothers know so little of their children, and why they too forget the substance of those three first years? Perhaps mothers only act as if they had forgotten it? Or perhaps with them also the essential things do not reach consciousness?

You will chide because once more I am making merry over mothers, but in what other way can I be of help to myself? A yearning is in me: when I am sad my heart cries for my mother, and she is not to be found. Am I then to grumble at God's world? Better to laugh at myself, at this childishness from which we never emerge, for never do we quite grow up; we manage it rarely, and then only on the surface; we merely play at being grown up as a child plays at being big. So soon as we live intensely we become children. For the Es, age does not exist, and in the Es is our own real life. Do but look upon someone in his moments of deepest sorrow or of highest joy:

his face is like that of a child, his gestures too, his voice is flexible again, his heart leaps as it did in childhood, his eyes glisten or cloud over. Certainly we attempt to hide all this, but it is clearly there, and if we pay attention we observe it, only we fail to notice in other people those signs that tell so much, just because we do not want to perceive them in ourselves. No one cries any more after he is grown up? But that is only because it is not the custom, because some silly idiot or other sent it out of fashion. I have always joked about Mars shrieking like ten thousand men when he was wounded, and it is only in the eyes of the would-be great that Achilles is dishonoured by his tears over the body of Patroclus. We play the hypocrite, that is the whole story, and never once dare to give a genuine laugh. Still, that does not prevent our looking like schoolboys when we are up against something we can't do, from wearing the same anxious expression as we did in childhood, from showing always the same little mannerisms in walking, lying, speaking, which cry to everyone who has eyes to see, "Behold the child!" Watch anyone when he thinks he is alone; at once you see the child come to the surface, sometimes in very comical fashion. He yawns, or, without embarrassment, he scratches his head or his bottom, or he picks his nose, or even—yes, it has got to be said—he lets out wind. The daintiest lady will do so! Or notice people who are absorbed in thought or in some task; look at lovers, at the sick, at the aged; all of them are children now and again.

If we choose to think of it so, life appears as a masquerade, at which we don a disguise, perhaps many different disguises, at which nevertheless we retain our own proper characters, remaining ourselves amidst the other revellers in spite of our disguise, and from which we depart exactly as we were when we came. Life begins with childhood, and by a thousand devious paths through maturity attains its single goal, once more to be a child, and the one and only difference between people lies in the fact that some grow childish, and some child-like.

This same phenomenon, that there is something within us which puts on at will the appearance of any possible degree of age, you may observe also in children. Old age is familiar on the face of infancy, and is often remarked. But walk about the streets and watch the little girls of three or four years old—it is more obvious in them than in their brothers, for which good reason can be given—they will sometimes look as if they were in truth their own mothers. Indeed all children, not just one

here and there who is prematurely entangled by life, no, every boy and every girl has at times this peculiar look of maturity. One little child has the sullen mouth of an embittered woman, the lips of another show the born gossip, in another you can see the old maid, in still another, the coquette. And then how often do we see the mother in a tiny girl! It is not mere imitation, it is the working of the Es which at times overbears physical age, makes out of it what it will, just as we put on this or that garment.

Perhaps in part it is because of envy that I make fun of mothers, envy that I am not myself a woman and cannot be a mother. Only do not laugh at that for it is really true, and true not of me alone, but of all men, even of those who seem most manly. Their speech tells us that already, for the most masculine of men feels no hesitation in telling us that he is pregnant with some thought, he refers to the children of his brain, and speaks of the fulfilling of some laborious task as "a difficult birth." And these are not just tricks of speech. You set great store by science. Well, it is an indubitable scientific fact that man is formed by both man and woman, although in thought and argument we ignore this as we do many another simple truth. And so in the being we call a man there lives also a woman, in the woman too a man, and that a man should think of child-bearing is nothing strange, but only that this should be so obstinately denied. The denial, however, does not affect the facts.

This mingling of man and woman is sometimes fateful. There are people whose Es remains clogged by doubt, who see two sides to everything, who are always at the mercy of their impressions of doubleness in childhood. Such doubters I called the foster-children. All four of those of whom I spoke have, in fact, an Es which does not know at times whether it is male or female. From your own memories of me you will know that under some conditions my stomach will swell up and then, if I speak to you about it, will suddenly subside. You know, too, that I refer to this as my pregnancy. But you do not know—or have I perhaps already told you? No matter, I will tell the story again. Nearly twenty years ago a wen developed on my neck. At that time I did not know what I do now, or think I do. In any case, I went about the world for ten years with this thickened neck, in the full belief that I must bear it to the grave with me. Then the day came that I learned to know the Es, and realised—no matter how—that this wen was a fantasied

child. You yourself have often wondered how I managed to rid myself of the monstrous thing, without operation, without treatment, without iodine or thyroid. My view is that the wen disappeared because my Es learned to understand, and my conscious mind also, that I am just as other men in having a bisexual nature and life, and that it is unnecessary to emphasize this fact by means of a swelling.

That woman who gave voluntary service at the lying-in hospital has times in which her breasts completely shrink; then her male nature asserts itself and drives her irresistibly to change places with her husband in their games of love. The Es of the third, the lonely woman, has produced a growth between her thighs which looks like a small male organ, and strange to say she paints it with iodine, in order, as she thinks, to get rid of it, but actually to give the authentic red appearance to the tip. The case of the last of the foster-children of whom I told you is similar to mine, his stomach swells in the fantasy of pregnancy. And then he has attacks of liver-colic, deliverances you may say, and most important of all, he has trouble with his appendix—as do all men who would like to be castrated, to be made into woman, for the woman is formed from a man, so thinks the childish Es, by the cutting off of the tail. Three attacks of appendicitis he has had, to my knowledge. In all three could be discovered the wish to be a woman. Or have I only persuaded him to wish to be a woman? It is hard to tell.

I must now tell you of a fifth foster-child, a man who is richly gifted, but who, as a being with two mothers, is, in all things, of divided mind, and seeks to overcome his distracted state by drug-taking. It was due to her superstition, his mother says, that she did not nurse him herself; she had lost two boys, and so this third one she would not suckle. He does not know whether he is truly man or woman, his Es does not know. In early childhood the woman in him was active, and for long he lay ill with pericarditis, a fancied pregnancy of the heart. Later this side of his nature showed itself again in pleurisy, and in an irresistible compulsion towards homosexuality.

Laugh as you please over my wild fairy-tales. I am used to being laughed at, and like to harden myself anew, now and again. May I tell you yet another little story? I heard it from a man now for a long time dead, slain in the war. With a light heart he leapt to his doom, for he was of the line of heroes. One day, he said, when he was about seventeen years old, he was watching with interest his sister's dog, a poodle, which was mastur-

bating by rubbing against his leg. And then, when the seminal fluid ran out over his leg, he was suddenly seized by the idea that he would now give birth to puppies, and for weeks and months after that, this idea remained in his mind.

If it would give you pleasure, we could now betake ourselves to fairyland, and speak of the queens who had young puppies put into the cradles in place of their true-born sons, and from that we could pass on to various reflections on the curious rôle played by dogs in the secret life of man, reflections which throw a bright light on man's pharisaical abhorrence of perverse feelings and practices. But that perhaps would be a little too intimate, and we may prefer to continue with the subject of male pregnancies. These are quite common.

The most striking sign of pregnancy is the enlarged stomach. What do you think about my idea, expressed before, that an enlarged stomach betokens the appearance of pregnancy even in the case of a man? Indisputably he carries no child in his body. But his Es creates the swollen stomach by means of eating, drinking, flatulency or what not, because it wishes to be pregnant, and accordingly believes itself to be so. There are symbolic pregnancies and symbolic births, which arise from the unconscious and persist for a longer or a shorter time, but disappear without fail when the unconscious stimuli are revealed in this symbolic expression. This is not an entirely simple matter, but here and there it can be done, particularly in cases of flatulency or of symbolic birth-pangs in the body, the sacrum, or the head. Yes, so wonderful is the Es that it cares nothing at all for scientific anatomy or physiology, but in lordly fashion repeats the legend of Athene's birth from the head of Zeus. And I am sufficient of a fantasist to believe that this myth, like others, sprang from the workings of the Unconscious. The expression, to be pregnant with thought, must come from the depths of the mind, must have special significance, since it has been embodied in the form of a legend.

Undeniably, such symbolic pregnancies and births occur also in women capable of child-bearing, perhaps even more frequently in their case; but they arise all the same in aged women, and seem to play an important part in various forms of disease during and after the climacteric; yes, even children will play with such fantasies of reproduction, and particularly those of whom their mothers take for granted that they believed in the stork which brought the babies.

Shall I vex you yet a little more by venturing farther? By

telling you that the secondary disturbances of pregnancy, indigestion and tooth-ache, are sometimes rooted in symbolism? That bleeding of every kind, more particularly, of course, untimely bleeding of the womb, but also nose bleeding, and bleeding from the rectum and the lungs, have a close connection with imagined births? Or that the small intestinal worms which plague some people throughout their lives are to be accounted for by the association of worm and child, and disappear so soon as they are deprived of the nourishment provided by the unconscious symbolising wish?

I know a lady—she, too, is one of those child-loving women who are yet childless because they hated their mothers—who for five months missed her menstrual periods; her body swelled and her breasts, and she believed herself to be with child. One day I had a long talk with her about the connection of worms with the idea of birth, exemplified in the case of a mutual friend. On that same day she expelled a body worm, and during the night she started her period, and her body subsided.

With this I am led to speak of the occasions which give rise to such thoughts of pregnancy. They are to be found—one might say all of them—in the sphere of association, whence I have already drawn the example worm-child. Most of these associations are wide-spread, manifold, and, because they are found in childhood, only to be made conscious after much trouble. But there are also some striking and simple associations which are immediately evident to everyone. A man I know told me that on the night before his wife's accouchement he attempted in a peculiar way to transfer to himself this (in his view) tormenting experience. He dreamed, that is to say, that he himself bore the child—a dream in every detail resembling what he had seen happen on the occasion of previous births—he then waked up in the moment when the child came into the world and discovered that he had produced, if not a child, still something warm with life, which he had never before done since the days of boyhood.

Now that was only a dream, but if you listen to the talk of your men and women friends, you will discover to your astonishment how common it is for husbands, grandmothers, or children, to carry out at the same time in their own bodies the childbirth which is taking place in the family.

Such a strong stimulus is however unnecessary. It is often sufficient to catch sight of a little child, of a cradle, of a milk bottle. It is also sufficient to eat certain particular things. You

will yourself have known of men whose bodies swelled up after eating cabbage, or peas, beans, carrots, or gherkins. Some of them suffer from birth-pangs in the form of stomach-ache, or they may even bring about a birth in the guise of vomiting or diarrhoea. The connections established in the unconscious by the Es, to our highly-prized intelligence, so foolish a thinker, are undoubtedly absurd. It sees in the head of a cabbage, for instance, a likeness to a child's head, peas and beans lie in their pods like a child in its cradle or in its mother's body, pea soup and pea pudding remind it of the baby's wrappings, and now carrots and gherkins, what do you make of them? You will not fathom it unless I help you.

When children are playing with a dog, and watching all his doings with a lively interest, they see at times that in the place where he keeps his little toilet apparatus, a small red point will appear, which looks like a carrot. They call attention of their mother, or of whoever happens to be by, to this strange appearance, and learn either from her words or from her embarrassed looks, that one does not speak of such things, one does not even notice them. The unconscious then keeps tight hold of this impression, which is more or less definite, and because it has once identified the carrot with the little red point of the dog, it keeps obstinately to the idea that carrots also are taboo, and it responds to that early experience by eating them with dislike, with disgust, or with the accompaniment of symbolic pregnancy. For in that also is the childish Es peculiarly stupid in comparison with the much praised intelligence, that it thinks the germ of the child enters through the mouth, by eating, into the body inside which it then develops; just as children believe that a cherry stone they have swallowed will grow into a cherry-tree in the stomach. But that the dog's red point has something to do with the begetting of children, this they know in their unenlightened childish innocence just as well or just as obscurely as that the germ of their baby brother or sister, before it enters into the mother, somehow and somewhere must lie in that remarkable appendage of the man and the boy, which looks like a tail put in the wrong place, to which is attached a little bag with two eggs or nuts, and of which one must only speak with caution, which one has to take hold of to make "wee-wee," and with which only mamma is allowed to play.

You see, the way that leads from carrots to fantasies of pregnancy is rather long and difficult to trace. When one knows that, however, one also knows the significance of a distaste for

gherkins, for there you have not only that comically fatal resemblance to the father's organ, but also, inside there are the kernels which artfully symbolise the seeds of future children.

I have wandered dangerously far from my subject, but I venture to hope that out of your personal regard for me, my dear, you will give a second reading to letters so involved as this one. Then it will be clear to you what I am trying to say in all my ramblings, that the Es, that mysterious something which dominates us, is just as careless of the distinction of sex as it is of differences in age. And with that I think I shall at least have given you some idea of the irrationality of its nature. Perhaps you will also realise how it is that I am sometimes so womanish as to want to bear a child. If, however, I haven't succeeded in making myself intelligible, next time I will try to be clearer.

Affectionately yours,

PATRIK TROLL.

(to be continued)

ABSTRACTS

Internationale Zeitschrift für Psychoanalyse, Freud Seventieth
Anniversary Number, May, 6, 1926

THE PROBLEM OF UN-PLEASURE-AFFIRMATION

Progress in the Recognition of the Sense of Reality

S. FERENCZI

The author refers to his earlier papers on this subject which go back to 1909 and 1913. The sense of reality comes to the child when it loses the sense of omnipotence. In the earlier studies the author did not enter into the mechanisms which make such a transformation possible. Not until Freud published his analysis of the ego did he see his way clear to interpreting the inner relations, although some of these are still obscure—the bridges which span the gap between the impulses and the intelligence. Freud's doctrines of the polarity of the former—the existence of a death impulse side by side with that of love impulses—clarified the situation, while his most recent contribution in the *Imago* in 1925 on "Negation" produced further synthesis of ideas. This contains the beginnings of a biologically founded psychology of the thought processes.

Freud finds that the negation of reality is a halfway stage between ignoring it and the recognition of it. Denial of reality involves suppression, the idea of reality involving unpleasure. With recognition of reality and affirmation of this unpleasure, the suppression is lifted. This affirmation is not a simple matter but consists of two distinct elements. First a fact must be denied, then a new effort must deny the negation. The result is two negations—two negatives making a positive. Freud has shown that mechanisms of this sort occur in the course of treatment, towards the cure of a patient. This is now taken up in detail. In the high stage of transference the patient recognizes without resistance the most unpleasurable things. But at the end of the cure, when we must give up the transference to the analyst, he undergoes a regression in the direction of negation. One recalls a paper by Tausk published in 1913 in which he sets up as a condition of cure the depreciation of the motive for suppression through recompense. Such a recompense we find in the affirmation of unpleasure. In Freud's dream-interpretation he states that the hungry nursing seeks first to satisfy itself by the hallucination of nursing and when this accomplishes nothing he recognizes the unpleasure as such and these expressions of unpleasure lead him to true satisfaction. Recognition of a hostile external world is an unpleasure, but not to recognize it means a greater unpleasure. So that which is but little unpleasurable becomes relatively pleasurable and is affirmed as such.

To come back to psychic mechanisms, Freud mentions the attitude

of the child to the reality of the external world. When its attention has been attracted to it, it tests his world continuously or at rhythmic intervals after the manner with which it deals with the maternal breast. The thought activity is later patterned along the same line. The author once pointed out the even closer resemblance between smelling or sniffing and the thought processes. We see two different behaviors in childhood, in one of which everything is carried to the mouth without distinction while in the other the child is sniffing at objects and turns only to those which have a pleasant odor. Suppose that a child has always been fed promptly and for the first time must fast. Up to this time, in his narcissism, he has known only of his own existence and nothing of an outside world, not even its mother. Perhaps as a result of deprivation of food a mixture of impulses becomes in evidence. There is an uncoordinated motor discharge along with screaming, corresponding to an attack of rage in the adult. After long waiting and screaming it gets the breast again but this is no longer the same object, always handy when needed. It now becomes the seat of both love and hate—hate when it is not available, love when it is nursed. In this connection we think of Freud's statement to the effect that a condition for the testing of reality is the loss of objects which have brought real satisfaction. In infancy the things we both love and hate are more prominent than those which we love or hate only. The child learns that it can love a thing it hated before. The savage after he has killed his foe, honors him. In this case the killer would live in peace with the outside world but his foe makes this impossible. But with the foe dead he can again resume a peaceful status with the entire world and the enemy through his death has been the means of pleasure. It is as if there were two opposite impulses, one of aggression and destruction, the other of love. In a state of equilibrium they neutralize one another, like positive and negative electricity. This kind of ambivalence is a sort of protective mechanism. It is not synonymous with reality, with complete objectivity. To attain the latter the released impulse must be inhibited by something. This we see in the neutralisation of one impulse by the other. Freud's discovery of negation is probably an intermediate stage between denial and recognition of unpleasure. The first painful step in recognition of the outside world is, perhaps, that some of the "good things" of the world do not belong to the child's ego, but to something outside it, the world; the mother's breast, for example. At about the same time he must learn that certain bad things are part of his ego, and that he cannot be rid of them. This element is unpleasure, which is equivalent to bad, as the opposite of good. Again, there are things in the outer world which the child must deny himself forever. The parallel process is recognition of the suppressed wish in giving up its realisation.

The author now draws a parallel between biology and metapsychology. The most primitive organisms remain at the narcissistic stage of psychic development. These steadily pursue their own gratification and when this is not forthcoming succumb. At a higher stage of development the

animal can rid himself of parts which give him no pleasure and thus save his life. The author sees in this the analogue of suppression. Only at a higher stage do we see adaptation to the reality of the outer world. To keep up the parallel, the author compares getting rid of certain parts, as mentioned above, with negation. Wound repair, etc., mean a streaming of the libido to the affected part.

Destruction of the ego can take place to the extent only that the fragments can be constructed into a new ego. We see here an analogy with the experimental work of J. Loeb. With his chemicals he destroyed or disorganized the outer strata of the unimpregnated eggs, but the debris served as a protective vesicle which prevented further damage. This can be paralleled in psychic matters. The author likens the traces of memory to scars of traumatic effects, products of destruction, which can be utilised by the libido for the preservation of life. The essential for developing the sense of reality is, as Freud says, the interposition of an inhibitory mechanism in the psyche. In the final judgment there is an internal catharsis, a new arrangement of emotions in regard to things and their mental pictures. Recognition of the outer world or the affirmation of unpleasure is, however, only possible when we give up the rejection of objects which bring no pleasure and their negation and transform their stimuli incorporated in the ego to internal impulses. The force which does this is the libido set free in the mixture of impulses.

THE ORIGIN AND STRUCTURE OF THE SUPER-EGO

ERNEST JONES

The author states that this effort is only a tentative one, for his conceptions of the super-ego have not yet matured. Freud's step in setting up this conception is of a most revolutionary character. There are no differences in opinion among analysts on this matter and the rôle of the super-ego is apparent in any character analysis. Nor is there any doubt as to when it makes its appearance, for this happens with the disappearance of the Oedipus complex. Freud has named the super-ego the "heir" of this complex. The function is obvious for this is to criticize the ego and dissuade it from obeying the impulses of the It. If this process is conscious we speak of the sense of guilt, and if unconscious, of the requirement of punishment. But while these features are clear there is much that is problematic. We cannot pretend to work out individual problems until we have established a complete account of the origin and structure. What is the relation of this higher ego to the ordinary ego, the It and the outer world? The ego proper is simply a part of the It which has been modified by the external world; while the super-ego is a differentiated portion of the ego, also modified by the influence of the outer world. The relations between these three are very complicated and confusing. Thus Freud states that the super-ego stands nearer to the It than to the lower ego.

What is the relationship of the super-ego to consciousness? The

super-ego can function largely in the unconscious and this is why it is nearer the It. What is the relation to suppression? The super-ego is not concerned with repression which is the function of the ego. Nevertheless it tells the ego what to suppress. What is the relation to the love object? Freud does not seem sure about this. The source of the super-ego in the external world is usually one of the parents and in the case of the boy should be the father. If the source is the parent of the opposite sex the child may perhaps be homosexual. Freud also speaks of a bisexual *anlage* and of two types of origin. After an analysis the author sums up as follows; the super-ego originates in that fraction of the parents which retards the love impulse, irrespective of whether this was the original love-object. Usually this is the secondary love object, the parent of the same sex.

When object-fixation is loosened by identification a deep alteration is produced. An imago is now incorporated in the super-ego and serves as an object for the libido impulse which proceeds from the It. The result is termed by Freud "secondary narcissism." The impulse, however, becomes desexualized, sublimated. There is a renunciation of sexual love with the reversion to narcissism. However, there are many degrees of desexualization and the problem is complicated. The super-ego is known to incorporate what are known as moral, self-denying and asexual elements of the object. The child incorporates in this higher ego the very things which it most hates and fears. From another viewpoint the super-ego has as its most striking component a desexualized sadism due perhaps to regression of the libido to the pregenital stage. Regression is a common result of renunciation. When the castration threat affects the integrity of the ordinary ego, the incest-impulse is suppressed. The impulses range themselves into love and hate groups. The cruelty of the super-ego may be due to the fact that desexualization of the libido sets aggressive tendencies free. When fixation on a love object is broken off love may turn to hate. The author speculates at great length and introduces several explanations without coming to any conclusion. He then attempts to sum up what we feel sure of as to the origin and structure of the super-ego.

Ego-impulse. Reactive and due to the unfriendly situation of the parents which leads to suppression of the incest wish. Later hate of the rival, loosened by homosexual identification.

Fear. Fear of castration is the nucleus of general fear, shown by the ego towards the super-ego; pertained originally to the father—followed in time by sense of guilt.

Hate. Activated against the parental component which is felt to be the obstacle of the libido to the object of love. Part of the hate is suppressed, the other part fuses with the libido impulses and gives these a sadistic character (this fraction springs from the It).

Sexual Impulse. Suppression causes regression to the anal-sadistic stage.

Libido. The original libido when suppressed is distributed as follows:

A part directed toward the parents, the ordinary liking of the child for the father and mother. A part becomes secondary narcissism, which is known to be a component of the super-ego. Another part regresses and becomes hate or fuses with an original hate impulse which accounts for the sadism of the super-ego. The author believes that there is another fraction or fractions unaccounted for.

To sum up in briefest terms, the super-ego is a compromise between the wish to love and the wish to be loved. In one sense it is an object of the libido of the It when there is no external object; in another sense it furthers the renunciation of the incest wish.

CERTAIN VARIATIONS OF THE EGO SENSE

PAUL FEDERN

Before the time of psychoanalysis all psychology was ego-psychology. Variations in the ego-sense were described under ordinary emotions. Since then the psychiatrist has been occupied with depersonalisation. Schilder in his work on self-consciousness and personality-consciousness goes deeply into pathological conditions, but the present author will discuss only conditions within normal limits.

It is difficult to define the ego satisfactorily, but by ego-sense the author refers to the feeling that soul and body represent an indivisible entity. This applies to time and content. The unconscious knows nothing of time according to Freud. The author from his studies of dream content finds that there may or may not be a sense of time unity. In the waking state absence of a sense of time amounts to a depersonalisation. To the normal mind the present lies between the past and the future, but in the depersonalized the present is always just beginning.

As for content there is a difference between the ego-sense of the body and that of the mind. Sense of the super-ego is purely spiritual, at least with some individuals. The higher ego has no connection with motility—that is with intention, will. At the same time it may inhibit and may direct attention, two of the highest functions of the mind.

In contrast with the higher ego the original ego is in close connection with the body and motion. The somatic ego-sense represents the totality of all motor and sensory recollections of the individual. The separation of the two ego senses (body and mind) is experienced on falling asleep, waking up and in the dream state. The simplest process is falling asleep directly without any hypnagogue symptoms. Here the intensity of all ego sensations is almost null. Freud's statement about the narcissistic quality of sleep must not be wrongly interpreted. This applies only to the narcissistic direction of the libido in sleep which is not necessarily narcissistic. In sudden falling asleep all fixations are withdrawn. The somatic ego-feeling is lost before the psychic. The higher ego (super-ego) vanishes before the original ego and after the former has disappeared the latter, as a result of some memory or external stimulant, may again become taken up with a distinct sense of effort of will. Analogous

to normal falling asleep is waking as a result of external stimulation without any waking dream, the awakening seemingly spontaneous. Here somatic and psychic egos awaken together. When the latter awakens first there is no sensation of strangeness. The higher ego (super-ego) usually awakens after the original ego. But if a man awakens out of a dream the separation of the somatic and psychic egos is often very distinct. Waking dreams may be caused by external stimulation and also by the higher ego. In one type of case the higher ego protects the original ego from waking. In another type, where a man awakens on time to fulfil a duty, the higher ego is active.

In a swoon one feels the somatic ego sinking with a feeling of alienation while the psychic remains behind for a time. It is at this period of separation that we feel the duality of existence. In conditions of extreme exhaustion, on the other hand, we may be aware of the somatic ego only. (The author makes both the somatic and psychic ego belong to the original ego—that is the psychic ego is not the same as the higher ego). In slow falling asleep both somatic and psychic egos keep step together. Hypnagogic phenomena lead up to dream states.

Many men fall asleep under wish fancies. Falling asleep is prevented by thought, by external stimuli and by processes in the vegetative organs, of a kind so slight that they pass unnoticed in the waking state. The ego sense regresses to that of the child. One of the hindrances to falling asleep is the reality-sense which explains why with advancing years it becomes more difficult to fall asleep, for it is harder to free one's self from the reality-sense. In addition to the psychic ego the somatic ego regresses to the infantile state if one fall asleep slowly. This is shown by change in the spatial relations, for it is distorted and stretched in all directions. While certain parts of the body remain unchanged the greater portion seems a vague mass, either larger or smaller than natural. The author alludes here to the human figures drawn by cubist artists as if these might have come from dreams. In general there is a loss of boundaries. Only the head and face seem to be exempt although not invariably. These changes do not confer any feeling of singularity. These sensations may go back to a very early period of development.

In other words in slow falling asleep the body seems to become labile. The author implies that erogenous zones into which the libido flows are exempt from these distortions. This may explain why the face has relative immunity. The entire process is called by the author "hypnagogic alteration of the ego sense." Whether this alteration passes directly into the dream state is not yet determined, for one does not usually recall his early dreams in the morning. It is certain, however, that dream figures of the bodies of others are vague and incomplete. We usually see the face and bust, perhaps. But the somatic ego of the dream state oftens feels in the best of health. In pronounced sensory dreams as of pain, or erotic feeling the sense of somatic ego is heightened, especially in flying and swimming dreams. But aside from the conditions just mentioned the ego of the dream state is a psychic ego without any sense

of a body ego. In other words once the individual is asleep the body ego usually disappears, one might say into the It. In fact it is the absence of the body ego sense that makes dreams what they are.

There are dreams which we especially remember from their vividness. They are of two types. In one there is a body ego component. The vividness arises from the intense participation of the dreamer in the dream action. In the other group the dream is vivid because of the panoramic view of scenery, people, buildings, etc. with vivid coloring. Here there is no sense of a body ego.

Whence comes the psychic or spiritual ego? This is concerned with internal perceptions and is the original ego of the infant. Later the body ego is split off from this original ego.

At the close of his article the author attempts in a very small compass to outline the pathology of the ego sense as shown by the behavior in various neuroses and psychoses. This would have been impossible in so small a space. He speaks often of depersonalisation manifestations in general but does not tell us much about them, so it is hardly possible to follow him. In the beginning of his article he announced that he would discuss only normal conditions.

THE SUPER-EGO

CHARLES ODIER

It is frequently thrown up to psychoanalysis that it is passive and not psychagogic, that it neglects the conscious element and over-emphasizes unconscious sex. There should be a psychosynthesis after the analysis—a reeducation. For these reasons it often is unsuccessful and after a course of analysis patients are left with an inferiority sense. The method is distinctly unmoral too. Criticism of this sort is common enough in Switzerland, despite the fact that Jung, Maeder and Pfister are Swiss.

There is some confusion of terms, for some authors regard the super and ideal ego as the same thing, while others make a distinction. This discovery of Freud is of the greatest importance for future psychology and we cannot be too careful about errors in names. The present writer wishes to develop the following: The super ego has two distinct components, one of which is quite foreign to the ego and intimately associated with the It, while the other is deeply associated with the ego, and might be termed the Ideal, representing the conscious and moral personality. However, our analyses do not always work out from this viewpoint. The patient may refuse to be healed by the analyst—absence of transference or persistent negative transference. Another occasion of failure has been thus described by Freud: "The battle against the obstacle of unconscious sense of guilt is not made easy for the analyst, who can do nothing directly, while indirectly he can only discover gradually the unconscious suppressed motives. The result of the treatment will depend chiefly on the intensity of the sense of guilt and against this

there is nothing to employ. Another factor may refer to the ability of the analyst to represent the ideal ego of the patient.

This brings up the entire subject of the rôle of the ideal ego not only in the pathology of the neuroses but also in the treatment and cure. Recently Ferenczi has published material on active analysis in which the relations between ego and super-ego are simplified.

The author has had a patient since 1923 with compulsive neurosis and phobias and the latter had all yielded save a single strong agoraphobia. The phobias which yielded went back to the sadistic-anal stage while the one which resisted did not regress so far. Not only the author but several other analysts failed to dislodge it. Recalling what Freud says of active treatment in phobias the author broke off the analysis and took the patient about town with him, later telling him to go alone. Then on resumption of the analysis the patient had several memories of traumatic or fantastic character going back to the sixth year and the cure completed itself.

The author now quotes and comments extensively on some writings by Alexander which may be omitted as unsuited for abstraction, the gist being that this author seemingly makes the super-ego synonymous at times with the conscience and at others with the censor. Odier is opposed to making the super-ego a moral agency, for this complicates matters. He has a different proposition to make. The super-ego comes before the ego in the development of the child and this explains its close relationship with the It. Therefore why not change its name to the Super-It? This entity possesses what the author calls a sham morality as shown by what the author terms primary masochism—the wish for castration which has been confused with castration fear. This may antedate genital morality. This masochistic morality is a function of the Super-It and may contain within it the germ of future homosexuality. Pursuing this train of thought the unconscious sense of guilt may prove to be false—a false shame, of libidinous motivation.

Selfpunishment, in place of showing the existence of unconscious expiation and justice, is so far from moral that it is only an unmoral impulse-satisfaction.

The primary It may be known as the aggressive It while the Super-It is masochistic. The ego stands aloof from both of these Its. It has a morality of its own quite unlike that of the It and gets it from introjection of the parents into itself.

The super-ego, as Freud has said, is the result or finish of the Oedipus complex and the stronger the Oedipus the more strict will be the super-ego. It is the germ of the future conscience. It becomes a moral agency in the highest sense and it alone has the true sense of guilt.

All neuroses are due to conflicts between, on the one hand, the ego and super-ego and on the other the It and Super-It. Recovery will come with a new identification in the super-ego. Ego plus super-ego makes up the total personality and must be acted on to complete the cure when the self guilt persists.

The author states that Rank has recently arrived at conclusions similar to his own. At least he postulates the existence of super-egos which antedate the Oedipus complex, or at least one does, while the other is developed from it at the genital stage.

CONCEPTION OF THE EGO

JAMES GLOVER

The new psychology of the ego has proved to be very confusing and the author would check it up with the status of other primary psychic factors. He begins with the postulate of a primitive ego to which two functions may be assigned. One has to do with impulses and the other with external events, utilising perceptions and traces of memory. There results therefore an adaptation to reality. This the author terms a first stage of the phylogenesis of the ego. This ego functions in the interest of self-preservation. Early stereotyped impulse reactions become elaborated and intelligence develops.

In order that an antagonism does not develop between the ideas of impulse and intelligence we must speculate a little on impulse. For the time being we must give up such concepts as sex-impulse and ego-impulse. Let us begin with the urge for food which comes from the inner disturbances which we sum up as hunger. This differs naturally from the effects of an external stimulus. The word *Trieb* must mean simply an internal stimulation which is analogous to the result of an external stimulus. Does the first ego belong to the impulsive or reactive side? The author would associate it with the latter. It has to do especially with reactive processes, for the following reasons. Thus what we call the true ego has to do with perceptions, is built up of these and memory traces. This granted, the inner stimuli are handled as well through the simple device of projecting them outwards. Inner stimuli may be painful, the ego suppresses them; and suppression in the inner world corresponds with flight in the external world. The ego, therefore, may be said to arise through inhibiting these internal urges when they fail to give pleasure. There are two principles to consider, the pleasure principle and reality, the latter being later and more complicated than the former. The real work of the ego lies in adapting the inner urges to the reality of the external world. It has two complementary functions, of inhibition and adaptation. The function of inhibition changes free energy to combined or potential energy. The ego, then, is not an impulsive ego except incidentally but more of an adaptative one. The author now mentions the *It* for the first time, in the statement that the ego is essentially the imprint of external necessity on the so-called *It*.

Speaking of adaptation to the outer world he mentions the hallucinatory satisfaction of urges as of some use in the process although a regression. Speaking of inhibition, there must have been some com-

pensation for denying the pleasure principle, as survival and the herd instinct or sense.

The splitting up of the libido into different types is in line with the defective economics of Nature, which is always producing in excess. Its purport suggests the old maxim "divide and rule." Libido fixation appears to concern only one portion of the personality. Inhibition functions in drawing back the libido and when from object-gratification the ego changes over the narcissism this can only happen through inhibition.

Much could be written of consciousness as the quintessence of the developed ego and of the relation of self-consciousness to the super-ego, but concerning the latter the author would only say in this connection that it is the highest degree representative of the inhibitory functions of the primitive ego and that it directs the libido so that the latter itself comes to be inhibitory.

PROJECTION

G. JELGERSMA

For some years a question has been forcing itself upon both psychology and psychiatry. How does it come that part of our mental life is shifted into the outside world while the other part is localized within? We use the word projection to denote the former. Psychopathology is interested not so much because the projection in mental disease is much greater and more intense than in mental health, but because in health the projected would belong within the mind.

In hallucination the patient claims to see that which we assume happens in his inner psychic life. How can he thus transpose interior and exterior mental life? There have been hypotheses to explain the paradox, but they seem too naive for the present day. In autochthonous phantasy the patient has thoughts which he does not regard as his own; they come from without and come unbidden. There is an analogy between such thinking and hallucination. The difference is that which is seen between thoughts and pictures.

In the delirium of relation there is also a projection. By reason of a mental disposition, which we will not stop to discuss here, the patient sees a relation between the events of the outside world and his own affairs which does not in reality exist. In ordinary phantasy we have like conditions. Here, too, the external world has changed—in persecutory delirium it means an injury to the patient, in delirium of grandeur it means a demand. Thus in every form of delirium we see projection. The subjective change is not in the patient himself but in the world about him. We also see projection in cases much nearer the normal than the preceding. It is not marked and the patient can correct it to some extent but it exists.

Normal men look on projection as the most pathological feature in such

cases but as a matter of fact it is not pathological *per se*, for it plays a prominent rôle in the normal mental activity. Let us divide our mental activity into perceptions and ideas (which mean memory traces) along with thought sequences, volitions, etc. Only perceptions are projected. The difference between a projected and a nonprojected spiritual world is a definite one. We are never doubtful as to which is which and the difference cannot be one of degree, for we have weak perceptions and strong ideas. We cannot weaken perceptions continuously and thus obtain ideas. We can trace a thought back to a perception. We cannot influence a perception like an internal process, for it is not a part of us. It belongs to the non-ego, and has only left within us a memory trace.

Psychic life begins both phylo- and ontogenetically with perceptions, and the inner life developing later is made up of perceptions and memory pictures. For some time there is no other world, which explains why children and nature folk project so much more than we do. Freud's psychoanalysis teaches us that in all of these cases the cause of the internal processes lies in the unconscious. The unconscious is at the same time the unknown, and is as strange to us as the external world. In other words, the causes of thought come from without, either from the external world or from the unconscious. In normal life the personality is never in doubt between a perception and an idea, but in pathology it is otherwise. The unconscious presupposes an amnesia. In the case of a compulsion neurosis the patient does not project the compulsion, which always remains in the personality. In hysteria and schizophrenia projection always takes place. Freud has shown that in compulsion neurosis there is no complete amnesia, or at least memories are not lost. There is no regression into the unconscious as in the case of schizophrenia. The regression in schizophrenia even goes back to the common or hereditary unconscious—the collective unconscious of Jung. In the purely affective phantasy of manic-depressive insanity the projection is less than in schizophrenia. The entire personality is involved while in compulsion neurosis only part of it is affected, the remainder being normal.

Projection as illuminated by Freud may be summed up as follows: (1) Projection denotes an external displacement of a mental process which is within us. (2) This projection makes it possible to distinguish between an external and an internal world. (3) Psychoses are characterized by the fact that psychic processes which are normally internal are displaced outward. (4) This pathologic projection, as far as the mechanism is concerned, harmonizes wholly with the normal. (5) An internal psychic process is projected when the cause of its origin is not known to the personality—that is, is situated in the unconscious, and beyond the power of the patient. The projection is the more complete the deeper the regression in the unconscious. (6) Projection has no influence on the mental processes.

SCHIZOPHRENIC AND CREATIVE THOUGHT

R. WALDER

Hitherto psychoanalysis has found little application to the psychology of thought. The subject matter of analysis is lower in the stratification than ordinary conscious thinking, being on the level of dream and schizophrenic states. The author would trace the connection between thinking on the two different levels, and hence the title of his paper.

Starting with schizophrenia, the author takes up the paranoid and heboid types as distinct although there are still other types. The paranoid analysis of Schreber as dismembered by Freud will serve as a model. Schreber believed that he had been changed to a woman who was to play an important rôle in the world. From the standpoint of the impulse life this delusion was homosexual. Schreber had regressed to this stage when the psychosis broke out.

Peculiar to paranoid idea formation is the notion that this impulse process did not originate in the personality of the patient but was the result of an external action. The boundaries of the ego were displaced with a variation in the object-life. Something internal was experienced outwardly or, in other words, was projected. This was indicated in expressions used by the man such as "It overcame me," "It snatched me away," etc. In psychoanalytic terminology the external force was the It. Schreber's delusion, then, was that he had been changed to a woman by some external agency. The purpose of the transformation was the salvation of the world. This also shows one of the peculiarities of the paranoid, that of arranging his position in the general world cosmos. To complete the building up of a paranoid case hypergnosis must step in. Otherwise the case has gone no further than schizophrenia. For a paranoid system there must be the experience, its outward projection and the hypergnostic incorporation of it into the world scheme. The paranoid may have delusions of persecution, jealousy, etc., but he may also have delusions in which inventions, theories of the universe, uplift ideas, and discoveries in natural philosophy figure. The author mentions a mild case of schizophrenia in which the son was in constant struggle with his parents over the strictness of their religious practices. He broke with them and then asked for forgiveness, only to go through the same sequence again, over and over. This patient had a philosophy which would reconcile science with religion. Where could he have originated this idea? He himself was a physician and was interested chiefly in science while his mother was fanatically pious. This delusion about uniting the two cults must have symbolized the unconscious desire to be at one with his mother.

What is the difference between compulsive thinking and phantasy thinking? The content does not differ in the least. The compulsive throws himself into thinking but does not really believe and is divided by ambivalence and doubt. The phantasy patient is wholly unable to correct or proof up his thinking. In Schreber we find suggestions of

compulsive thinking—his fancies are in the form of compulsive thought. It is often possible to see a compulsive thought develop from a mere fancy.

In the Schreber case do we see the disappearance of censure, the decomposition of the ideal ego? This may have been weakened, but the delusion of saving the world appears to antagonize the view that it was destroyed. Some rearrangement may be said to have taken place in the strata of the Ideal. The homosexual urge was not an end but a means to something else. Freud explains the matter otherwise, to wit, that originally it was an ordinary homosexual impulse but that Schreber invented the world-saving idea as a defence.

The term creative thinking as opposed to ordinary thought has reference to philosophic systems into which the thinker projects himself, this last constituting hypergnosis. Translation of personal experience into thought content is a normal process. What are the differences between paranoid thinking and genuine creative thought? This subject is outside the domain of the present brief article, and can only be touched on. In paranoid thinking there must have been an individual experience—in Schreber's case it was homosexual. This cannot be decided until after many analyses of creative thought. To this may be added a difference in projection and in the limits of the ego. The original external world has undergone a transformation. The "reality censor" of the normal mind has changed. Injury to the ego limits can be sustained by the normal man, as when he believes that his destiny is outside himself. Here his reality-testing is at fault, and like the paranoid he interprets events in the wrong sense. In normal thinking there is no regression to the early narcissistic stage as in the paranoid.

In sharp contrast to schizophrenic types is a type of thought seen in amentia in which the opposite of hypergnosis is seen, hence termed by the author hypognosis; it is also present in the normal mind.

IDENTIFICATION

O. FENICHEL

Alterations in the ego, in which the qualities are acquired, have always been known in psychoanalysis and have been known as identifications. Freud has shown recently that even the super-ego has been evolved by an identification. There are, however, many gaps in our knowledge of this subject.

Let us take up first the dynamic relations of identifications which happen to adults. Impulses always furnish the motive power for identification. They are of somatic origin and aim at some gratification, that is, an alteration in the external world sufficient to cause the disappearance of the tension at the impulse source. This is brought about through actions which realize the aim of the impulse toward some object.

Let us first take up normal object love. The object is first perceived and the perceptions remain behind as memories, or ideas. The primitive

judgment recognizes that the object can give satisfaction. We now have libido-fixation. How does this come about? All ideas of a given object are fused into a unit, the object or representative of the object by means of the function known as intrapsychic representation. Fixation processes center on this object. Through the fixation the object-representative is furnished with a power over other ideas and representatives, and can organize them. The ego then has no other means of access to the external world save through the representatives. The fixation originally proceeds from the It, the source of the impulses, but according to the author the It does not appear until the object representative has been formed. One may therefore style identification as the "fate of impulse." The original object impulse which brought about the identification changes both object and aim; the real object loses our interest and the ego changes its shape and is now like the object, the libido becoming thereby desexualized.

Object-Alteration. The ego comes to represent the object either wholly or in part. One fate of impulse is seen in the ego turning to itself and is explained by regression to narcissism. In identification, however, the ego changes its shape. The alteration of the ego comes about through the It, perhaps as a recompense to the It for giving up the fixation.

Aim-Alteration. This change of aim seems against the desire of the It, since it involves a desexualisation. Freud states that every sublimation makes its way over an identification.

The most important topic in connection with identification is already clear to us. After the ego has been differentiated from the It, the identifications take place in the ego although under behest of the It. After evolution of the higher ego it is probable that this can make identifications. Identification is an unconscious process, for the individual does not know when he identifies, and resistance is offered to finding out. All identifications bear an archaic character and show the phenomena of primary processes. This shows their origin in the earliest period of development, the earliest going back to when the ego was still weak, and but slightly differentiated from the It. Some of the earlier identifications seem to involve the It. Reik's view that the ego arises from identification by the It, however, goes too far.

There is, of course, no identification possible until the object is lost, which may come about through reality, and through suppressions like homosexuality, through forced repetition and ambivalence, as in melancholia.

The super-ego is hostile to impulse, but some substitute for gratification of impulse is necessary which cannot represent a gain in pleasure but rather a leading off of all impulse and maintenance of psychic equilibrium in the sense of a Nirvana principle. The "secret alliance between the super-ego and the It" makes it possible oftentimes to vanquish the pleasure principle.

Two of the archaic urges are the erotic and the destructive and these

are usually united to each other in impulse actions. In all clinical types of identification we see the same mechanisms. Thus in oral incorporation we see sucking and biting, the latter being ambivalent, comprising both tenderness and destructiveness. The ambivalence stands in close connection with narcissism. In these acts we recognize oral libido in combination with sadistic impulses and both are concerned with identification.

Identification is older than object love phylogenetically and Rado regards the mimicry of the lower animals as identification. If the psychic implies that progressive development from primitive forms always leaves traces there should be object love in every identification. According to Ferenczi there is a reciprocal identification between the sexes in sexual intercourse. According to Deutsch we can see a regressive identification in both extremes of love, the disillusionment and the highest fulfilment.

Oral incorporation has been designated as introjection.

What kinds of identification are there and wherein are they different from one another? Freud originally mentioned two forms, narcissistic and hysterical. In the former the libido is drawn back into the ego, while in the latter there is fixation on an external object. Narcissistic is total, hysterical partial fixation. Since then Freud has widened his conception.

The author after discussing various identifications tabulates the totality of them as follows:

- A. Primary Identification.
- B. Regressive Identification.
 - 1. Total Identification.
 - a. In melancholia (schizophrenia).
 - b. Super-ego formation in the normal.
 - 2. Partial Identification.
 - a. Hysterical.
 - b. Normal after loss of object or side by side with object-love.
 - c. In homosexuals.
 - d. By reason of a recent mutuality.
 - e. Super-ego formation in the neurotic.

This classification is not an ideal one because normal and neurotic are considered side by side. The author quotes Reich's description of preliminary stages of the super-ego which he claims reach back to childhood and hence become continuous with still earlier preliminary stages of development. He would trace the beginnings of the super-ego back to the first renunciations of the child, but the author does not concur in this view. Ferenczi even sees the beginnings of the super-ego in the command to cleanliness and sphincter morality. The author agrees that in these early denials there is a desexualisation of impulse but there is ambivalence involved for the motives in accepting a command may be

mixed. Freud sees the beginnings of the higher ego in the solution of the Oedipus complex, which involves an identification. According to Freud impulses are precipitates of external stimuli.

CERTAIN PROBLEMS OF PSYCHOANALYTIC CHARACTEROLOGY

E. GLOVER

Freud's "Ego and It," which came out in 1923, worked on the study of characterology like a precipitant in a saturated solution. Fixed frames were furnished for previously disconnected character data and others were incited to work in the field, as Reich in his stimulating book "The Impulsive Character." On the clinical side there are many defects in our knowledge of character, due largely to our defective theoretical knowledge of the ego.

It is agreed universally that certain pathological states shall be known as neurotic—that is, the condition is a character, the neurotic character. As to how serious this condition is depends on the individual opinion. Alexander recognizes a transition between this condition and health or normality, the order being normal—neurotic character—neurosis; while Reich thinks the neurotic character more serious than neurosis. Ferenczi regards it as a private psychosis tolerated by the ego. Similar differences of opinion exist as to treatment.

The mechanism of this character is also the subject of varying opinion. The simplest way of visualizing is by the behavior, but all classifications are insufficient. Naturally the normal character presents plenty of difficulty and a study of the neurotic character is a useful way of approaching it. The neurotic character is easily distinguished from the neurosis, for in the latter impulse-tension is discharged off through regression to autoplasmic methods. According to Alexander the neurotic character makes of life a neurosis. In the character there is no localisation of symptoms, although this is also sometimes true of neuroses as well, as in the phobias. Conversely, character peculiarities which go back to very early stages may show localisation, as mannerisms.

It is true that the dominant trait of the neurotic character is a general attraction of the environment for the solution of conflicts. Hence we should test very carefully the reality of the neurotic character. In one point he reacts like a true psychotic. His modification of the comprehension of the environment has the full sense of a conviction. However, he does not get this conviction by projection like a psychotic, for he makes use of the social situation and conventions to clothe his ideas.

Authors show much diversity of opinion regarding certain character peculiarities but in one point they are agreed—as to the methods by which the neurotic character fights against the sense of guilt. One may conclude that in this character the super-ego is poorly developed or else that there is a regression to an earlier ego. Let us consider for a moment

the normal character in which we can trace the perspective of ego development. The further we get from the early stages the more complicated things become until Freud's division into It, ego and super-ego simplifies them. Freud also distinguishes between character formation and symptom formation in regard to repression, for in the neurosis the suppression reappears and in character formation it either does not appear or is replaced by reaction formations or sublimation. In the normal character, formation of a fatal circle in the libido economy is prevented. Character in general may be defined temporarily as an organized series of behavior reactions which secure equilibrium between It-tendencies and surrender to reality. They begin in the period of infantile sexuality and form a continuous series of adaptations. There are few so-called normal personalities whose life is not interwoven with habit formations of the most insignificant kind which point to gratification of the It of a constant type.

When we follow up this thought sequence we are inevitably reminded that in psychoanalytic literature the reciprocal positions of sublimation and reaction formation have not been basically studied. Formerly two distinct processes were thought to be present of which sublimation was a "fate of impulse" while reaction formation was a process in which repressed impulses were fought with the mechanisms of counter-fixation. Freud pointed out that desexualisation of the object libido was the pattern of all sublimations; and while overcoming the Oedipus complex leads to a desexualisation which does not differ from an act of suppression, it is possible to distinguish between sublimation and reaction formation. Reaction formation plays a definite rôle in suppression, it might be said. Social reactions of sympathy and humanity oppose themselves to the cruel urges of the It, although punishment for crime points to a preservation of the latter. In a word normal character reactions are not only a safety valve for It tensions but form a first line of defence when suppression threatens failure. In a sense an abnormal character suggests collateral circulation. Abnormal character-traits either become pathological or become repressed. There is an analogy between these anomalies and symptoms of neuroses. Of character reactions some are technically hysterical, others compulsive neurotic and others again manic-depressive. Care must be taken that we do not make it possible to call normal characteristics pathological.

NEUROSIS AND TOTAL PERSONALITY

F. ALEXANDER

In the psychoneuroses we study the disease rather than the personality of the patient, although Freud, by reconstructing the psychic apparatus, has recently made a departure in this direction. Nor is this a matter of speculation on the part of Freud, for he derived it from the clinic empirically.

To give the correct idea of the evolution of psychoanalysis, our in-

terest was originally directed to the suppressions, or expressions of repressed impulses, but latterly to the repressing factors and the reasons for repression. At first we learned the speech of the unconscious, then sought to master the grammar and syntax. At first we studied the libido, later the ego, although this is not altogether the case for the libido may be a repressing factor. We are less concerned with quality than with direction. The repressed has a centrifugal motion, the repressing factor one which is centripetal. The former is therefore visible, stormy, but the latter, directed inward, is invisible and often to be understood only deductively.

The impression is that it is difficult to apprehend the repressing factor because it is associated with great resistance—greater than repressed content. The characteristic factor in the repressing principle is the unconscious demand for punishment, which explains why resistance is so great. We have long known that the neurotic symptom is the result of an unsuccessful repression. The repressing principle is itself to blame for this unsuccess. In the neuroses there is a secret pact between the super-ego and the It. In the psychoneuroses the repressing principle proceeds from the super-ego. The latter is a necessity for overcoming the Oedipus complex.

The super-ego is the most important repressing influence and in the neuroses its task is only imperfectly performed. It cannot deny its origin in the It and often imposes drastic punishments. The unmodified expressions of the It are often more powerfully expressed than in the normal individual nor can the higher ego prevent this. It is not enough to unmask the secret sense of the symptoms; rather to attack the neurosis in its core we must know the mechanism of symptom formation. We must unmask the secret pact between the suppressing and the suppressed. This last resistance is most difficult to break down.

Repression is an unconscious process, its laws are unknown, and may depend on the individual. We know about conscious inhibition and this we call by such names as judgment, suppression and denial. The difference between the conscious and unconscious process is that more can be suppressed than would ordinarily reach consciousness. When we study the structure of a neurosis we note the connection between the tendency to self-punishment and wishes which are foreign to the ego. The symptom of the neurosis may have this double sense, just both to the It and to the higher ego. In other patients the two tendencies are more dissociated, with two distinct symptoms.

Freud explained the transition from manic to depressive in that psychosis as follows: upon the terror of the higher ego, upon its rage against the original ego, there follows the outbreak of mania; while the tyranny of the higher ego in melancholia serves to justify the excesses of the It in the manic phase. The neurotic is in his symptoms at the same time moral and overmoral but the neurotic character tends either to criminality or suicide. It *lives* its aggressions, not in symptoms

but in deeds, and at the same time is its own judge. The clearest evidence of the relation between the need for punishment and the repressed content has been found by the author in paired dreams and serial dreams. Very often one dream is a punishment dream and the other a wish dream—perhaps a pollution—with ego-foreign content. The economic connection between the two is often extremely close and the punishment dream makes the wish dream possible because the latter satisfies the need for punishment overmuch, thus freeing the repression. In other cases this order is inverted and after a wish dream with an ego-foreign sense there is still some moral tension which is led off by a punishment dream.

A man who had been a compulsive neurotic for ten years recovered spontaneously when he accepted a menial position under a relative, so that with hard labor he was barely able to support a family (this and other cases have been published before by the author or quoted from some earlier article of his). Freud has made the statement that man is more moral than he realizes, as well as more unmoral.

The author sums up some paragraphs as follows: in brief the rôle of the higher ego in the formation of neuroses is a double one. Through its strictness the dynamic pressure of the suppressed becomes more powerful and secondly it makes possible the breaking through of impulses which are confined in too small a space, since through the suffering the inhibiting sense of guilt is removed.

We now come to a neglected theme, the relation of psychoanalysis to health. We know that all our actions are basically modified expressions of the It, while all sublimations come from the Oedipus complex. The repressing factor cannot be deceived on this point, and it demands tribute from the most cunningly smuggled wares. How is it that the normal man has no sense of guilt about his sublimations? How shall impulse life be conducted so as not to cause this feeling? It may not be possible to solve this problem but some light can be shed on it. There is no trouble about unsublimated impulse life and we always note that the attainment of the genital stage, the positive-erotic relation to the object and even to exogamous objects indicates the solution of the guilt feelings and approval in the deepest strata of the conscience. With sublimations in social relationships it is not so simple. The author regards social efficacy as a derivative of genitality. The Eros principle remains active after the individual has become part of a large unit—Society. Rank speaks of a biological sense of guilt which represents the claims of procreation and the author would speak of the social conscience and social behavior resulting from sublimation of the Eros principle and of social sense of guilt. Social deeds bring this guilt feeling to silence, and stand in the healthy subject in the position of pain or suffering in the neurotic. While the neurotic pays in coin having a narcissistic value, in suffering from which he can extract masochistic pleasure, the socially directed act is an active performance which can do good.

SENSE OF GUILT AND WANT OF PUNISHMENT

H. NUNBERG

In his work on the "Economic Problem of Masochism" Freud introduces, for practical reasons, the notion of unconscious want of punishment in place of unconscious sense of guilt and the present author wishes to investigate whether these are separate from each other.

Freud believes that this unconscious guilt sense goes back to the Oedipus complex, and further, in the primitive herd where the son slays the father, dismembers and eats him; after which he misses his father and this sensation becomes social anxiety. He draws from Robertson Smith's hypothesis about the totem meal. The longing for the father returns periodically and in this way religion was originated. The status of the father constantly mounts and that of the son becomes more humble. The attraction to the father becomes sublimated and eventually he is projected into the ego and becomes the Ideal. The original ego regards the Ideal ego as the son regards the father.

Róheim follows out Freud's ideas by showing that the mourning rites of savages are a reaction from the primitive crime and are of the nature of purification following the deposit of feces at the grave of the deceased. After this primitive deed (father murder) humanity sank back to the anal-oral stage of development. In schizophrenics the connection between guilt and oral-anal incitation may be directly seen. In melancholia, that disease *par excellence* of the conscience, this is often in evidence and Abraham showed that melancholia itself is a sort of mourning rite in which loss of the object is followed by oral incorporation and anal retention, while the idea of self-punishment is expressed by self-reproaches, twinges of conscience and suicidal tendencies.

In the psychoses the two feelings of guilt-sense and punishment-need do not completely cover each other, for both the aim and the content differ. Guilt-sense does not always seek satisfaction in punishment in the sense of pain, humility, etc. It may take the form of an urge to render service to others. Many dreams pertaining to birth, eating, and feces, belong here as purification dreams. In hystericals vomiting and passage of stools are for disburdening the sense of guilt, and something of the sort may be evident in compulsion neuroses. A long case-history is here interposed in which a compulsive neurotic suffered from "Sunday melancholia," or really, since the patient was a Jew, of Saturday melancholia. A second case is given with similar aspects but in which there were strong homosexual fancies and urges. In both cases there was identification with both father and mother, man and woman. The gist of these long histories is the reincarnation of the relation of the primitive man to the father, with sense of guilt and purification. The conditions of the primitive herd, with the primitive deed or crime, are again lived through in the psychoneurosis, which in both cases was of the compulsive neurotic type and in the anal-oral developmental stage. In these

patients and their dreams it is easy to separate sense of guilt and want of punishment. Sense of guilt, as Abraham divined, was bound to the oral zone, or better, the intestinal canal. There is the notion of expelling the incorporated object, and sense of guilt is constantly associated with somatic symptoms, although these are not invariably associated with the digestive tract, for we may see asthma, psychogenic heart disease and paralysis of the extremities. In some of these dreams destructive fancies seem to make discords, but Freud has recently pointed out the existence of destructive or death impulses side by side with ordinary libido, so that this ambivalence is now understood—it is particularly in evidence in compulsive neuroses and melancholia. The author explains that when the higher ego is formed and libido is thereby set free some of this persists as social anxiety from sense of guilt, while the balance unites with the destructive impulse and thereby forms the need of punishment. The death or destruction impulse may therefore be turned against one's self as a form of punishment.

It is evident therefore that guilt-sense and punishment-demand are by no means the same thing, although in race history both may perpetuate the primitive crime and in their expression they may often be alike or hard to differentiate. But behind the sense of guilt there may be unsatisfied object libido and behind the punishment-demand there may be an eroticized destruction impulse against the ego, expressed in the genital stage as the castration complex. In the sense of guilt we try to annul the primitive crime, while in the demand for punishment we continue it. Both of these strivings must be kept separate in analysing neurotics.

THE FLIGHT FROM FEMALENESS

K. HORNEY

Freud built up our knowledge of psychoanalysis chiefly from men, and since he is also male himself it is evident that the female has not yet been represented adequately. In regard to penis envy it has recently been claimed that the genital organisation is the same for both sexes and that women and even little girls regard the clitoris as equivalent to the phallus. Freud assumed that penis envy was naturally overcome with the wish for a child but does not seem to have been satisfied with the finality of this theory.

Simmel has pointed out that our entire culture is masculine, while certain concepts are neither male nor female but universal, as patriotism, common decency, etc., yet the form even here is masculine. If it is possible to express maleness in one term, this would be *objectivity*.

Since the wishes of the sexes should show the chief differences, it is assumed that the common wishes are male wishes and that the woman has always adapted herself to these. She herself is what man wishes her to be. It is therefore desirable that woman have a chance to develop independently. The analytical picture of woman at present is built up of the boy's idea of the girl. Thus at an early age he takes it for

granted that she has a penis like himself but later realizes that she has none. As a result at first there is only one idea of the genitals—that they are all the same, which is soon shattered. Then the boy thinks of her as a sort of mutilated, castrated being, so that the girl in turn thinks she has lost a penis which once she possessed. He next fears he will lose his own penis. Meanwhile he looks down on the girl and she meantime develops penis envy. The boy cannot understand how the girl can get out of her predicament and ends by being afraid of her enviousness, while the girl cannot get over her sense of inferiority and would like to get even with the male for his extra possession. These attitudes, of course, are known to us through analysis but need not be final. They are the outcome of a male point of view and it may be possible to get past the latter. This male viewpoint may swamp the natural psychology of the girl. To use a simile, the female mind has become infected by the male psychology. The author will return to this later.

Ferenczi's idea of coitus-longing by the male as a return to the womb may be thought of at this juncture. He identifies himself with his penis. The woman must adapt herself to this view. The woman has not this motive for coitus. There is no thought here of a maternity urge, no delight in bringing a new individual into the world, nor of nursing nor training an infant. Maternity may also be viewed as an injury or liability. We only know of woman that she envies the man his maleness.

But here there is a superiority for the female, for the man cannot give birth to a child and must envy the woman this superiority. The author (a woman herself) had analysed many women before she tried her hand on men and was then astonished to find a deep unconscious envy of all the childbearing functions of woman including nursing. Mrs. Deutsch states that the male complex in women plays a much more prominent rôle than the female complex in man but overlooks the fact that male envy of woman can be sublimated much more than penis envy.

In regard to the wish for a child our views on this subject have recently undergone a change. Once we thought the wish for a man and the wish for a child were of separate origin and that wish for a child eventually supplanted penis envy. The male complex in woman has distinct sources. Of these penis envy is probably the earliest. The second source was found in analysing grown women and is very difficult to judge. Penis envy is still dominant, for women refuse feminine functions in the unconscious wish for maleness. There are fancies of castration and sense of inferiority and an intense status of hostility towards men. The author believes that this wish for maleness is very little connected with early penis envy but is a secondary formation in which everything has happened which has gone wrong with female development. This can regress by many intermediate stages to the penis envy of childhood.

The girl gives up the father fixation at a certain period and at the same time unconsciously shrinks away from the rôle of woman; this is the "flight from femaleness" which is the title of the author's present

paper. The male is unaware that the female can practice masturbation, and assumes that this is the privilege of males only. The author believes that little girls have their own system of masturbation, chiefly of the clitoris type. She is not sure of vaginal sensation but knows that small girls have fancies of coitus with large penises and pain and hemorrhage.

The flight toward maleness means escaping the burdens of womanhood, which is probably its economic significance. Another motive is identification with the father which is often associated with penis wish.

The fear of vaginal injury may be likened to the male castration fear. The author does not expound the view mentioned in the opening paragraphs that the female child may have the same genital organisation as the boy, the clitoris representing the phallus, and it seems that while she quotes this passage from Mrs. Deutsch she does not accept it, for there is nothing further about it in the paper beyond the statement that analysis has always been too exclusively masculine.

ON THE GENESIS OF THE FEMININE SUPER-EGO

C. MÜLLER-BRAUNSCHWEIG

According to Freud, the Oedipus complex of the boy is shattered by castration fear. If the boy seeks to take the place of his father he is menaced by the loss of his penis and if he seeks to replace the mother this loss is a preparation thereto. To save himself from castration he identifies himself with the parental authority and in this way a higher Ego appears which is able to overcome all Oedipus desires.

The question then comes up as to what can take the place of castration fear in the girl and how she forms her higher ego. The author believes he can show the existence of something which corresponds to castration fear as a full equivalent. This is the infantile femaleness which makes for masochistic and passive status. The vagina is a passive organ. To bring this out we must revert to the It. The male It tends to overpower the female, so that the female It must take the complementary passive attitude and demand to be overpowered. We may therefore speak of a male and female It which means a different sexual relationship between the It and the ego. The author does not mention any differences in the original ego of the two sexes.

In other words the passive status of the girl is fully equivalent to castration of the boy. Being overpowered by man also includes incestuous relations and in this way the girl is led to form a higher ego. If she has relations with the father she will lose the love of the mother. Penis envy, or as the author prefers to call it, penis phantasy, is not excluded in the girl, but this is followed by a reaction which includes the later wish to be overpowered. The penis thought includes the unconscious belief that she once had a penis but lost it.

If we associate the penis thought of the woman with the unconscious possession of a penis we can also assume that she has something like a true castration fear. Loss of this possession may also pave the way

for the passive masochistic rôle of the woman. The author here points out that it is the father who is supposed to castrate the son for his incestuous wish against the mother. In the case of the girl it would also be the father who would overpower her.

Many questions come up for answer, however, which cannot be discussed here. What are the empirical principles for this primitive female passive rôle? How are the stages of her libido arranged? What is the relation to the phallic stage? Is the penis wish primary or secondary? What is the relation between penis wish and child wish? and so on.

In a footnote the author adds that he had heard Mrs. Horney read her paper on the "flight from femaleness" and had read it in the manuscript—evidently after he had written his own paper—he was delighted to notice that she agreed with his views on certain subjects, among them the identity of fear of being overpowered on the part of the girl with castration fear by the boy. It is evident that the two authors reached their conclusion independently of one another and purely through the empiricism of analyses.

INFANTILE RESTLESSNESS

The Fate of the Impulsive Movements Controlled by the Primitive Ganglia

K. LANDAUER

Clonic, choreatic and similar movements are often associated with unconscious psychic processes and represent transference of affects and gratification processes, repetition of the ambivalent, return of the suppressed, etc. The author would trace them back to the first development of the personality and to the deepest suppressions.

Immediately after birth the child indulges in a storm of movement, throws its head about, grimaces—especially with the forehead and mouth—and often seems animated by senseless rage. It screams, makes fists and throws about its arms and legs while the head, neck and trunk also make characteristic motions. Certain of the movements may seem purposive, as when the head is turned and the lips pursed (seeking the breast?) but when they are all followed up they are seen to be purposeless and are not to be construed as ataxic efforts to coordinated motion. It has been thought that these movements were due to hemorrhage in the basal ganglia as a birth trauma, but this question may be left open. To elicit such activity there must be a powerful stimulus involving respiration or circulation, change in temperature or common sensation. There is no evidence that the stimulus is pleasurable; on the contrary it should cause discomfort and be the expression of something painful. The movements are not protective or defensive. The expression as of anger always suggests pain and the words used to express them may show relationship—the root *grim* is found in words meaning gnash, cramp, gripe, bend, etc. The movements are reactive, arising from a plethora of stimulation, are not necessarily due to painful sensations but may serve to discharge or lead off the stimulation. Although the

stimulus may be painful the movements themselves doubtless give pleasure, because the child continues to make them. It is the earliest pleasure of life while the stimulus which set them free may have been the earliest sensation of pain. Soon it notes that screaming brings some person to attend to its wants. The cry becomes a sort of umbilical cord connecting the infant with the outside world. The attendant often interferes and does not allow the infant to react off the stimulus. The infant when placed on the breast sometimes takes but one pull and then desists to throw its head about, grimace and push the breast away. In other words the child prefers to do things itself—the author uses the term “auto-plastic leading off of stimuli,” and this is seen later when the child begins to suck its thumb as a solace for all kinds of pain or discomfort. Sucking the thumb it learns of itself. This habit antagonizes the desire for and pleasure in movement. One fate of thumb sucking is nail biting, the same hand being used for both.

The finger or thumb used for sucking is a phallus symbol and often the child will use two fingers jointly for this purpose; the author sees here an inhibition of athetotic movements, as the middle and ring fingers are the two usually employed. The author recalls the case of a girl baby which showed distinct athetosis of the left arm. In the course of these motions the hand was thrown upward and the index and thumb found a hold in the long hair. At the same time she used to suck the right thumb and accompany these movements with a sort of chant. The rhythm of athetosis was unmistakable. After the age of two years ordinary fatigue was sufficient to recall this associated motion. As a baby if the nurse bit her right thumb in play she would grasp her hair too. Even ordinary scratch movements of this child had an athetotic character. In explanation of the action the author states that the hair—her own at first—had become an object of love, a fixation. The scratching with athetotic movements caused abrasions and hence represented an autosadism. She would rather scratch than eat; she often broke off eating to scratch, and if opposed became angry. Even after she had outgrown the childish habit a trace persisted in her custom of eating in the standing position—for when she had the urge to scratch she always stood up to scratch her seat and thigh. Apparently the author derives these movements originally as a thumb sucking equivalent.

The above case represented an autoeroticism but this is not necessarily present. In one case there was fetichism. A boy baby of 8 weeks while sucking his right thumb occupied the left hand with the lappet of a cushion in athetotic play. At the age of four he had the habit of tugging at the corner of his handkerchief in his pocket. There was no evidence that he received any pleasure from the object.

In the adult we may study all kinds of disturbances of motion in a similar manner, tracing them back to infantile restlessness. Thus in a compulsive neurotic musician of 25 who suffered from severe pruritus ani, his scratching was accompanied by associated movements of all kinds, grimaces, etc., while he also with his unoccupied hand plucked at his

hair, his watch chain, etc. In this case, however, nothing is said of any infantile habits, but it is inferred that early in life he had been an athetotic. Freud showed that all of the objects mentioned, as hair, watch chain, tabs, corners of handkerchiefs, etc. are phallus symbols.

In deep unconscious states even with all the flight reflexes extinguished (corneal, etc.) we often see combinations of movements in the arms—adduction and in-rotation at the shoulder, slight flexion and half pronation at the elbows, extension of the wrists, finger play in the “paw position” in the genital region, etc. In many cadavers we see in the death agony, in cadaveric rigidity, the penis clamped between the stiffened fingers. Such movements under such conditions must be eminently primitive, for they are common to all kinds of people. This is not necessarily masturbatory but that element should be present, not acquired nursing or child masturbation but something earlier, more primitive.

The stormy movements of the infant already described sometimes find an object, either autoerotic or symbolic love object, in an erogenous zone which since it gives pleasure starts up other activities. When such an object is found, it naturally—as already suggested—quiets the restlessness and inhibits the desire for movement. The love object may have to do with anal erotic, oral erotic, sadism, actual masturbation, etc. These may interfere at times with natural functions as nursing, keeping covered, etc. This pleasure in motion is not lost but becomes a suppression.

There is an inhibitory mechanism for these restless movements which has been likened to the brakes of a railway train. If the restless members are placed in certain positions the motor activity ceases. They are classed under associated movements, although they may be intentional also. Foerster has described a whole series of what he terms “rest attitudes” some of which are minimal voluntary movements. They are easily overlooked and sometimes may only be felt, although in other cases they are deliberate forceful acts such as holding one hand with the other. On the other hand they are often habit, automatic movements or become automatized.

The author gives a case to show that violent suppression of child restlessness can have disastrous consequences, in a persistence of the movements into adult life. When a year and a half old this child had been firmly bandaged to stop the movements which had been the result of a paroxysm of rage and grief at separation from her nurse. This outbreak was purely affective and the author says nothing of any hysterical element. She seems to have developed the movements under analysis. The restless movements come from the It and it is the business of the ego to inhibit them. Instead, the super-ego suppresses the affect expression.

The movements of restlessness cause pleasure—the pleasure of movement—and, as stated, may interfere with proper functions and oppose the principle of reality, or in other words the ordinary ego. To provide a sufficient inhibition both ego and super-ego must cooperate.

Thus far we have followed up a sum of definite extrapyramidal inner-

vations in response to stimuli, which give pleasure in themselves and give rise to secondary pleasures as already shown. They cause conflicts with the parents, and finally a mechanism of inhibition is devised in which the counter movements are originally voluntary but later become automatized.

MASCULINE LATENCY AND ITS SPECIFIC AFFECTION

W. HOFFER

The period of delay or latency in the etiology of neuroses is of first consequence and it is surprising that there is so little to be found on this subject in literature considering that Freud gave an impetus to its study.

In most individuals there is a period of amnesia beginning at the age period of 5 to 7 which shuts off the early recollections of childhood, so that they are unable to recall much of their impulse life. The child develops certain emotions at this period, as shame, disgust, etc. It is possible to foresee whether it will be a neurotic. So far we have no explanation of the phenomena of the latency period and there are few who have absolute latency at this time. We have no knowledge under animal psychology to aid us, and among the primitives there is some connection between latency and puberty. Up to a certain period the child is under the care of the mother, runs naked, associates with other small children, feels as a child and is treated as one. There is love for the mother, and hatred with respect for the father. Suddenly all is changed as he becomes initiated into manhood rites. Such a change is far more sudden and sweeping than in cultural circles. He is now through with the Oedipus complex and castration fear. The primitive child goes through two cycles of development at once.

Until recently we thought of latency phenomena as suppressions and reaction formations while the amnesia and disgust, shame, etc., we associated with the beginning formation of an ideal ego. We have therein paid too much attention to the negative side. In the latent period the impulse ego and super ego seem to exist amicably side by side, that is if the latency is complete. We find no impulse life in the home or school, waking state or dreams. The disturbing influence of puberty is not yet present and these children resemble in their lives the well balanced adult rather than the adolescent. Their lives are productive, and settled. Naturally under analysis traces of the former impulse life may be detected. The age period under consideration when total latency may prevail is stated by the author as from 8 to 12 years, and he refers wholly to boys.

The author is seeking to isolate a particular group of boys which differs from all others and which he has evidently discovered wholly by analysis. He speaks of the latency as total and persistent. The members of this group are exposed to a certain characteristic disease picture peculiar to them. It does not appear whether his analyses are made during this

period or later after the development of some neurosis, but he seems to have come in direct contact with the boys during the latent period.

We do not find mentioned any symptoms of disease and there are no case histories or even anecdotes, so that we do not understand just what he means by the term "disease" in this connection. He seems chiefly to refer to a peculiar relationship with the mother. It is not a lack of understanding, for they comprehend perfectly the Oedipus situation, incest wish, attitude to the father, etc. There is, however, great resistance in their talk of the mother and certain things about her they will not talk about—apparently the somatic sex peculiarities as the hair, voice and breasts. This behavior comes manifestly from the higher ego and this is probably what the author means by the "specific malady." The boys then "resist education." Thus far he has found no homosexual component, although the boys are apparently deficient in masculinity, mild, soft, etc. In his concluding paragraph the author does not seem certain that these views of his may not change.

PSYCHOLOGY OF STUDY AND EXAMINATIONS

E. BLUM

In his concluding paragraph the author sums up his paper in the statement that fear of examinations is a growth of the Oedipus situation, of castration fear. The original source, however, is birth fear. Freud in fears based on punishments to be given for failure by parents and his dream interpretation mentions the neurotic fear of a test, the child fears based on punishments to be given for failure by parents and teachers.

The author's long paper is based chiefly on the analysis of a woman student aged 23, who had never had examination-fear and who passed the matura examination with great equanimity. Before the next one (which does not seem to have been the final), she developed inhibitions against her work and when she appeared for treatment showed evidence of compulsion-neurosis in the peculiar alteration of the ego. There was sense of guilt which she endeavored to adjust by some system of delays. There was an extensive suppression of feeling and of sexual impulse. The sense of guilt and inferiority was oppressive and there was also a sense of doubt of everything.

The analyst encountered heavy resistance. The sexual suppression caused the libido to form compulsions. She had a fear of sensuality and believed that her studies sublimated her erotic tendencies but in the analyst's opinion the reverse was true for her study subjects seemed to be sexualized and the objects of her study became sexual objects which therefore had to be suppressed. She was evidently engaged in anatomical studies for it is mentioned that various anatomical parts suggested either the penis or vagina. In one way this was a return to early childhood and to the time when she was greatly interested in reproduction. She was always asking where children came from, why she was a girl and

not a boy and at this period had a sense of inferiority based on her sex. During the analysis the inhibition against study became less although her thinking became more compulsive than ever. There was at times regression to the primary narcissistic stage with the wish to return into the mother's womb.

At this period of analysis she had to take her examination and failed to pass. She thought she knew enough to pass but that the examiners did not like her manner, that she did not show the proper anxiety and must be taken down accordingly. As the analysis was continued it was noted that there was less compulsive thinking and better transference. At this point the analyst brings up the relation to the parents. She liked the father best but always minded the mother and the attitude of the latter increased the compulsion and sense of guilt.

The author gives several pages of the patient's dreams and arrives at the conclusion that the girl had identified herself with the mother in the unconscious which entailed an incestuous relation with the father. Failure in her examination was due to the fact that it symbolized something which probably related to the birth fear. Examination or passing meant a separation from the mother. A new conception of birth fear by the author seems to be that the unborn fetus already has a fear of birth, of separation from the womb, which is not stressed by Rank and others who emphasize only the actual experience of being born as a cause of birth trauma.

A CONTRIBUTION TO THE UNDERSTANDING OF SADO-MASOCHISM

I. SADGER

Two aspects of this subject require study; the nature and rôle of the mastery impulse and regular connection of that perversion with hate, anal erotic and compulsion neurosis and, second, the establishment of the relation to castration.

To regress to the first beginnings of love and hate: Very young infants love those who care for them, although here there is a component of sexuality as shown by the relation of children to their toys and presents. They know nothing of useful gifts and those which they affect may be sexual symbols. Even in the nursling the idea of love is based on play, on which affection for the father is based, for as a rule the father does not tend the child. But the more the father plays with it and tosses it up, etc. the greater the love for him for the infant has erogenous zones which are stimulated by these practices.

The youngest infant may experience love and hate sensations. The author quotes a passage from Tolstoi in which he claims to recall the nursing period and the events which provoked love and hate. He even recalls loving and hating himself. Thus if he was bandaged up and

unable to move there was the feeling of hate but it was misdirected for the infant did not then know what belonged to itself and what to the outside world. The hatred of self was evidently associated with ignorance of the ego at that period. Tolstoi also mentioned that dreams revealed the importance of these sensations for the after life. Sadger does not give the work which contains this passage and the year is not mentioned, but it seems to be a remarkable anticipation of some of Freud's teaching, although possibly written after the publication of the latter. So far from being strange in the makeup of the nursling the presence of love and hate, the sense of being compelled by outside might, are the things most vividly experienced and acutely remembered; and Tolstoi's lifelong hatred toward compulsion and force may be said to date from his infantile experiences. Sadger makes a summing up at this juncture as follows: I can now go a step further and explain that just as the nursling and very small child learns to love every one who can stimulate its sexuality so it learns to hate those who hinder it in the full enjoyment of its sexual requirements.

The deepest roots of love and hate are thus closely joined, and it is evident that the child can both love and hate those who tend it and indeed this ambivalence cannot be escaped for they get both their pleasure and pain from the same source. The mother by many necessary or conventional acts must constantly inspire affection while at the same time she may have to swaddle the child to keep it from scratching and force it to hold back its discharges and attempts at masturbation.

Nursing provokes the keenest joys, and yet the breast will run dry at times and the child nurse in vain, when its love will turn to hate and still more so when it is weaned, for this is a veritable castration. Another kind of weaning is seen in disciplining the infant to hold back its discharges and call for the vessel. Hatred, however, never arises from holding back the urine, a most remarkable fact, when we consider that breaking it from defecating is a veritable castration.

Whoever hates harder than he loves in this respect is inclined to sadism and all sadists are powerful haters. Some nurslings injure and pain the breast by biting and squeezing, as if they were trying to incorporate it. This behavior shows the relationship between mouth-eroticism and sadism.

Homosexuals are inclined to masochism and their genital eroticism is unusually strong from the great irritability of the sexual organs. Urethral erotics in infancy are subject to pleasurable-painful sensations from accidental contacts with the genitals as in washing and in play. Masochists often have the feeling of being in the power of a strong woman, usually the mother. She could easily tear or cut off the penis but of course being good she will not do this. The utter helplessness of the nursling, in the hands of the caretaker, seems to be fully recognized by the infant. The mother who may be nervous and irritable or given to roughness may handle the child's genitals so that both pain and pleasure

result and this seems to be the foundation of masochism. It is possible that castration fear is influenced in this manner although the child soon outgrows any fear that it will be injured in this manner.

Compulsive neurosis is allied to sadism and hate. The author sometimes feels that there is no middle ground between absence of culture on the one hand and neurosis and perversion on the other which is of course as much as to say that education, learning and culture are responsible for the neuroses and perversions. The ability of the individual to love should not be curtailed and then it may be possible to wean him slowly from all hatred.

ON THE SOURCES OF NEUROTIC FEAR

W. REICH

Freud was the first to show that sexual abstinence or inadequate gratification could immediately engender fear. This fear is due to stasis of the libido and vanishes when the cause is removed. The same could happen if the moral ego only incompletely suppressed the libidinous impulse. The suppression reappeared as fear. Since every sexual suppression produces a stasis of the somatic libido this kind of fear, called by Freud "actual fear" is the nucleus of every neurotic fear. Rank traced fear back to birth fear, but Adler traces fear back to the suppression of aggressive tendencies. The act of ligating the vas deferens causes an acute fear which seems to back up Freud's view, for it is associated with increased amount of genital hormone.

Most neuroses set in with an inhibition of development in the genital Oedipus phase. There may result a fixation in the genital incestuous stage of object love or a regression to an earlier stage. One patient develops a compulsion neurosis, another hysteria, and so on. In the compulsive neurotic there may be hysterical or melancholic content as well as fear. The author gives space to mixed forms. In every neurosis we may expect to find regression from the genital position with its castration fear to fantasies of the maternal body, and in most neuroses longing for the maternal body and fear of the same. The former has an incestuous component at times of coitus of the parents with the child in the womb. Maternal body fear as named by Rank may be mixed with horror of incest. How can a child develop fear at birth? This birth fear is associated with suffocation, darkness and cramped quarters and ontogenetically is the oldest but is not as important as some of the subsequent fears developed by contact with the outer world. Longing for the mother's body is a flight without defence and is associated characterologically with an extreme childish passivity. Opposed thereto, the compulsive neurotic character shows a flight from the genital incest conflict with aggressive defence. In man sadistic activity predominates and in woman aggressive masculinity.

Phallic eroticism is requisite for the manifestation of sadism and anal

eroticism is converted into masochism. If castration fear is converted into the wish for castration, fear of punishment into desire for punishment and sadism into masochism, the tendency is to give up all and return to the mother's body situation. Then in the neurosis the genital-fear recedes. Masochistic wishes occasionally follow fear and the fulfilment satisfies the desire for punishment.

The sense of aggression-fear is originally fear of the individual but is destroyed when the subject becomes egotistic and antisocial. When sublimated destruction-fear is turned against oneself with strengthening of the moral inhibitions, aggression-fear becomes fear of conscience. When sadistic characters put the brakes on their impulses fear develops. The energy of the suppressed aggression seems at first sight the cause of the fear but the fear does not subside when the impulse is carried out. The author believes that aggressiveness is the result of the forced suppression of the sexual gratification, in the case where the child with sadistic tendencies learns sexual pleasure but is made to renounce this by his parents. The libido here goes off as aggression. Male compulsive neurotics with sadistic impulses employ in fancy mostly phallic symbols—knife, revolver, axe, etc.

The somatic factor in aggressiveness is the sex gland as eunuchs and castrated animals always lack aggressiveness while entire animals like bulls and stallions are naturally aggressive and the more so the longer they stay away from the females. The chained up watchdog seems to have an element of fear. It may be maintained that the libido stasis is the demonstrable individual source of destructive aggressiveness and that sadism owes its existence to this connection. Unerotic aggressiveness is unmasked if one waits patiently as the result of an external or internal renunciation of sexual gratification. The latter withdraws energy from man. This is seen in the early castrate, at the menopause and in the senile period. Energy depends on the presence of the somatic libido. At the beginning of the involutional period there is at first heightened activity, but later we see evidences of the destructive impulse turned inward. With failure of energy we also notice psychic inefficiency.

The biological sense of the destructive impulse suggests that neurotic fear of death is a derivative of it. Other related fears are fear of annihilation and of world catastrophe. Castration fear and maternal body fear may form fear of death, as shown in one of the author's analysed cases. The author doubts whether unconscious death fear exists as he has never seen it in his analyses and Ferenczi does not recognize it among the archaic fears as it is not transmissible by heredity.

Freud has shown that sense of guilt is a form of fear, fear of the father, eventually incorporated in the ego as the conscience or ideal. The author concludes with the rôle of fears in healing by analysis. In successful treatment of neuroses mother-body longing and aggressiveness are given up or subordinated to other tendencies or are sublimated. Genitality is retained, only its incest component being renounced. Unless

castration fear is analysed the womb longing and aggressiveness are not renounced. Certain cases recover before analysis is completed.

The starting point of all analysis is libido stasis and "actual fear."

THE ORAL-EROTIC COMPONENTS OF STAMMERING

ISADOR H. CORIAT

In a communication on stammering published in 1915 (*Journal Abnormal Psychology*), it was pointed out that the disturbance was a psychoneurotic one, the chief mechanism of which was a conflict produced by resistance against betrayal through speech of certain repressed trends of thought, pre-eminently of a sexual nature. Further analytic experience has tended to confirm and widen these observations and has furnished material for a clearer and more definite formulation, particularly as more attention was concentrated on the part played by the oral libido.

The problem of stammering can be understood only when we have analyzed the different levels of ego and libido development from pre-genital organization to the formation of character in the adult. We must in addition investigate analytically the motor symptoms in the speech of the stammerer. In many ways they closely resemble the tics. The stammerer displays oral character-traits, whilst stammering itself represents one form of oral-erotic tendencies belonging to the pre-genital phase of development, or an arrest both on the sucking and on the cannibalistic (biting) level in the life of the adult. All stammerers display the oral reactions of sucking and biting in their tic-like modes of speech. Stammering itself is really a form of gratification of the oral libido.

These oral-erotic trends in stammerers are closely bound up with the Oedipus situation and the infantile pre-genital fixation in this situation, and it is this oral libido which succumbs, through analytic intervention. The resistance in the analysis of stammerers is so great because stammering is a narcissistic disorder. This resistance may assume a special form of anal defiance, manifested clinically in the form of constipation.

The original attachment of the sexual excitation to the nutritional instinct, that is, the oral phase of the libido, is still active in the adult stammerer, in fact, the persistence of this phase into maturity, produces stammering in order to satisfy a compulsive-repetition dominated by the pleasure principle.

RESISTANCE OF THE EGO IDEAL AND ADAPTATION TO REALITY

M. W. WULFF

In the primitive mind and in minds which have undergone regression as a result of disease, where the pleasure principle reigns supreme, the psyche protects itself from the sensations of unpleasure by hallucinations

based on memories of a pleasure type or by illusions, dreams and fancies which arouse the appearance of reality; or it may project the sources of unpleasure outward. With the development of the reality sense all is changed.

The author wishes to discuss especially the rôle of suppression in the adaptation to reality and the factors which can hold reality back. An important difference here is between primary and secondary repression. It is the former which is active in adaptation to reality and which only appears with the progress of development of the reality sense.

The psychic processes which make this process possible are the formation of the Oedipus complex which is the first affective relationship with the external world; then the disintegration of this complex and resulting introjection of the external world and formation of the Ideal. Hence repression comes originally from the external world, and only therefrom.

Secondary repression is something quite different for it comes from the Ideal and not from the external world. This repression contributes to the further development of the reality sense. The reality of the past may be in conflict with actual reality, as is shown where there is a radical change in environment as when one emigrates to a strange country or goes through a revolution. The author now interposes a long analysis which illustrates a conflict between the original ideal ego of childhood and present reality. The former happened to be feminine and due to identification with the mother. The result was psychic impotence and an unhappy marriage. The actual conflict was between the Ideal and suppressed wishes, although several times the author speaks of the force opposed to the Ideal as "the conscious content of the ego." The result of the conflict was a dissociation of the ego due to different identifications. Freud himself speaks of this splitting up of the ego as multiple personality, in which different identifications alternate.

In this case the suppression had gone wrong, and was incomplete. The suppressing agency was the ideal ego, which is not readily accessible to the influences of reality. Freud speaks of reality itself as a possible factor in disease and the author tries to ascertain the mechanism. The repressed impulses are in close touch with the stimuli in the external world which make for reality. The patient was evidently aware of the conflict in his mind, for his living conditions were incompatible with his ideals and principles. His life was a daily martyrdom, so to this extent the author could speak of the "conscious content of the mind" as a synonym of reality. That he could have been aware of the original suppressions and the different identifications was, of course, impossible until informed by the analyst. The patient was a highly cultivated man and our modern culture is well adapted to set free many unconscious repressed urges, thereby predisposing to neuroses. Success in adaptation depends on two factors, the strength of the original impulses and the completeness of their repression.

MOBILISATION OF THE GUILT SENSE: A CONTRIBUTION
TO THE SUBJECT OF ACTIVE THERAPY

R. H. JOKL

The idea of active therapy is due largely to the efforts of Ferenczi. Certain psychic functions are mobilised and then are utilised for breaking down resistance. One such function used for this purpose is the unconscious sense of guilt. In many cases, according to Freud, this proves to be an economic factor of great importance.

Observation teaches that unconscious guilt sense not only keeps up the neurosis but can also be made to function as a health conscience against the further existence of the neurosis. The unconscious guilt sense can be led off into the patient's conscience.

Between the neurotic and normal guilt sense there is no essential difference, save in the genesis, for while the neurotic proceeds from a deep stratum of ego development the normal conscience comes from later stages. The conscience may be sensibilised by early infantile affect displacement. In most cases it owes its affective derivation to the Oedipus complex.

Reik established that an active therapy may do harm, so that we should first isolate the Ferenczi method as to its purpose and significance. The driving factor is mobilisation of the sense of guilt and the artificial denial of the patient lowers resistance which makes possible a continuance of the analysis. What kind of cases should be reserved for this practice? The perverse and compulsive apparently, who deny their guilt; the author selected a sadist with homosexual attraction to boys, refusal of women, bloodsucking impulses, compulsive masturbation, etc. The patient complained chiefly of depression and inhibition and the analyst encountered unusual resistance, the analysis dragging along for months. He showed not the slightest insight into his perversions nor would he abstain from his practices, and the author decided to give up the case unless the man made some effort to substitute women for boys in his fancies. He agreed; the immediate result was startling, for he dreamed of coitus with the mother and of murdering his father. Before this experience he had been affectively hostile to the mother. The dream experience awakened his sense of guilt and he began to look on himself as a profligate and to reproach himself violently, while he had suicidal thoughts.

The author also mentions a case of morphin addiction in which he threatened to break off the analysis if the patient did not renounce the habit. To his surprise he broke it off at once but immediately showed some homosexual tendencies which he resisted analytically. This tendency it seems had been latent and unconscious and unaccompanied by any sense of guilt.

Another type suitable for this kind of treatment may be psychosexual infantilism where there is no guilt sense.

The author does not speak of active therapy as anything revolutionary and makes only modest claims for it. It will advance the frontiers of treatment to a certain extent.

SCOTOMISATION IN SCHIZOPHRENIA

R. LAFORGUE

The problem is not ripe for solution but the author insists that the study of schizophrenia has not proceeded beyond the periphery, so that some kind of attempt must be made to fathom its interior by going back to the most primitive and neglected stages. The idea of schizophrenia must be rationalized for it is somewhat ambiguous. There is great resistance in analysis but wherein it differs from neurotic resistance is not certain. The author's idea of scotomisation is an attempt to get beneath the surface of this condition.

In the infantile world the father represents the link which joins it to the external world. The notion of the mother is one of property—personal property. The infant is the center of this world and the father is the agency which drives it from this center. The infant undergoes a constant weaning from that to which he has become attached, and if this weaning is interfered with the infant strives to regress to the mother or some narcissistic substitute. The unfolding of the mind is interfered with and the infant becomes unable to renounce the mother or substitute and persists more or less in the anal-sadistic stage of development. The entire functional capacity of the psyche becomes disturbed and the author names this condition defective oblativity, meaning defective ability to function. The infantile libido disposition cannot be repressed and appears as narcissistic-autistic compensation. More or less splitting of the ego follows and the patient remains in part a child while otherwise in his fancies he plays with the mother ideal as a perfect individual, moral, clean, etc. This occurs in fancy only, for the patient is unequal to such high functions. Side by side we see the anal-sadistic and the ideal and the resulting condition the author would term schizonoia. The mother finally becomes part of the external world. This is a reaction of hatred although of a negative type. The patient isolates himself from the entire external world, castrates himself as it were. This denial of the external world is what the author would call scotomisation, meaning a darkening. All affective values are inverted.

The patient comes to give the external world, the mother and his own excrement the same value, excrement becoming a libido object. He cannot be weaned from his narcissistic compensation nor from the anal-sadistic libido. He has neither personality nor any clear field of consciousness. His psychic insufficiency he imputes to the fault of the external world while he looks on himself as an ideal.

The author does not claim that his scotomisation exhausts the schizophrenic for this is but one of the mechanisms. Apparently he has obtained some good results in practice from this idea.

THE PHANTASY METHOD OF ANALYZING NARCISTIC NEUROSES

L. PIERCE CLARK

The author's phantasy method is given in the first article in this issue and will not be detailed here. The points he brought out were:

That from the subjective identification of the child with the mother we have the beginnings of the narcissism which in its undue and enduring magic-like dominance entails various narcissistic neuroses and psychoses.

That by the phantasy method under a narcissistic transference the author was able to recover the psychologically true values of this secondary narcissistic period and thus induce a real insight and sublimation of so much of the narcissism as may be necessary for the well being of the individual.

That from illustrations in his main text he has made a successful beginning in the phantasy analysis of narcissistic neuroses and psychoses such as melancholia, dipsomania, essential epilepsy, confirmed stammering and in general narcissistic states without specific category.

THE POISONING DELUSION IN THE LIGHT OF INTROJECTION AND PROJECTION PROCESSES

E. WEISS

Among the most frequent delusions of paraphrenia is that known as the delusion of influence, which can take many forms. Now it is hypnotism, now suggestion, now telepathy. This general type of delusion is not sharply delimited for it shades into ordinary delusions of persecution. The paranoiac may have his disorder date from consultation with some physician whom he thinks has done something to injure him. This is merely an idea and at first there may be no guilt imputed to the medical man, unless in experimenting on the patient. Gradually, however, the systematized delusion of the paranoiac is formed and he begins to include others beside the physician as guilty of injuring him.

The author has recently studied a case of delusion of poisoning which he places among the influence delusions, since to poison a person is certainly a way of influencing him. A paraphrenic who had long been interned because of the aggressive character of his psychosis believed incidentally that he was being poisoned and claimed that the food given him had a bad smell and taste, often resembling excrement in smell. He believed the doctors, keepers and inmates had all conspired against him. Outbreaks of rage and cursing he even claimed were the effects of the poison, saying he had never had such spells before. There were auditory hallucinations which seemed to him inward voices and he heard commands not to eat the food, etc. There was a strong hypochondriacal component.

He was friendly with the author and told him he believed the poison was extracted from cadavers and probably through the excrement. From

ingesting this substance he became like the men from whose bodies the poison had been taken. The people who started this persecution were unknown to him but the doctors and the asylum superintendent were mixed up in it. Asked why any one should want to poison him he said that was what puzzled him, but evidently some one would profit from his death. The patient had a constant fear of infection aside from his delusion of poisoning.

There were two distinct conceptions, that of the excrement of strange men and of a poison formed from the same. It is possible, thanks to Freud, to understand the kernel of this delusion. Primitive man thinks that if he eats or assimilates material from other men he will attain their good qualities. This can be traced down through cannibalism, the totem meal, and in sublimated form to the eucharist. A love object is introjected into the ego, orally incorporated. This introjected object is important for the formation of the super ego or conscience. At the same time the love object is renounced.

That the same association of feces has been seen before in paranoia is shown by authors quoted by Abraham. The persecutor was found to be fecal matter in the patient's own body. In turn the scybalous fecal mass is clearly a phallic symbol, so that the persecutor is represented by his penis. In other words this is a homosexual explanation, the patient having had a love object of his own sex.

While in paranoia only part of the love object is incorporated, in melancholia it is the entire object. There is an intimate connection between introjection and persecution and we may speak of melancholia as a sort of persecution delusion, in which the patient's conscience is the persecuting agency. That which is introjected may be termed the introject, and it must not be thought that conscience necessarily participates. There may be various identifications with splitting of the ego and multiple personality, according to the teachings of Freud, who believes that this phenomenon may be due to alternating of different identifications. Study of melancholia shows us that there may be a double introject made up of persecutor and persecuted, while in paranoia the individual or conscience does not persecute and is projected outward. The author has examined many cases of poison delusion and while the preceding is the clearest one, he has found the same mechanism in a number of other cases.

The author mentions another case, an asylum inmate who had made a suicidal attempt and who had an intense sense of guilt concerning homosexual relations which were real. He fasted and became much reduced. The case was thought at first to be one of melancholia, but it became evident that he regarded the author as one engaged in getting the goods on him so that he could be convicted (the author had interrogated him a good deal about his past). After a short time he announced that the sense of guilt had left him, that the persecution had shifted to the asylum director who was trying to poison him. Hallucinations of hearing he attributed to the poisoning. While in genuine melancholia the introject

of the persecuted is very often projected outward; in this case the persecuting introject was the once projected and the case was one of paranoia.

The interpretation of the delusion of persecution as a wish to become pregnant or as a defence against the same is doubtless likewise correct. The fancy of being poisoned relates to a centripetal process without regard to any distinction between conception and introjection.

ATTEMPT AT AN ANALYSIS OF DELIRIUM TREMENS

A. KIELHOLZ

In this rather long article we give the author's conclusions first. The attacks of alcohol delirium showed, in the patient's fancies, a strengthening of the homosexual impulse component and of the narcissism, and especially of the show impulse. At the same time there were sadomasochistic tendencies, which were often manifested in the barbaric deeds and suicidal efforts of the drinker. To the strengthening of the show impulse is due the preponderance of visions in this patient. Those who stand most closely to the patient, mostly males, were transformed into animals. The appearance of living creatures in large numbers seems due to the sociability of the average drinker. In its relationship to reality the alcohol delirium stands between neuroses and psychoses.

The long analyses in this case cannot well be abstracted and we can only give some of the running comments of the author. In part the fancies were quite transparent and common to all alcohol delirium. The patient met numerous drinkers and saw them take drinks while he, although very thirsty, either was forced to abstain or got his drink with great difficulty.

In general it is very difficult to analyze these people for several reasons; their cultural level and intelligence are on rather a low level, for many years of hard drinking have still further reduced an intelligence not high to start with. They do not like to tell their experiences after they come out of the delirium and there is also a certain amount of repression. The present patient, however, was of a good intellectual status and had taken much interest in his own condition. He was a teacher aged 57 who had lost his wife two years before and had then taken up with hotel life with formation of the drink habit and threatened loss of his position and pension. The delirium was of the abstinence type and the result of a fight or beating. The man was interned and his delirium cleared by the fifth day. Of his own accord he wrote out a history of his experience which did not entirely agree with the hospital accounts.

In regard to a homosexual component this seems to have been demonstrated by dream or vision symbolism, as when he was threatened by a bearded officer with a syringe and rubber bulb. He had no insight into such dreams; the syringe he said was a type used by veterinaries and his own explanation was that he had been consecrated as about to die.

His physician had given him hypodermics before the delirium. In the delirium the same physician had been magnified into authority in the shape of an officer symbolizing the father image. A dog woman or woman with a dog's head who was present most of the time in his fancy was evidently a symbol of his own daughter who was a nurse. Other dogs figured in the delirium which appeared to personate his children.

The patient was a spectator of many spectacles which seems to be what the author means by "show impulse." One scene had to do with a large mirror which could move about, and this sight alarmed him for he realized that inanimate objects do not move of themselves. He thought there was a little manikin behind this mirror but could never manage to see it. The mirror according to the author symbolizes narcissism. Mass occurrence of living objects symbolizing the conviviality of drinkers has also a suggestion of homosexuality, for men who drink together form a sexual group, there being an absence of women in all such gatherings.

THE HEALTHY AND SICK BODY FROM THE STANDPOINT OF PSYCHOANALYSIS

F. DEUTSCH

There is no essential difference between the ill and the well. The well become sick and then become whole again. Study of the sick enables us to understand health, and this is true of psychoanalytic investigation. Psychoanalysis is empirical and directed to the study of psychic processes. The body and the external world are only precipitates of psychic experiences.

Proofs of the relationship between the psychic and organic are obtained (1) in conversion hysteria and (2) in the analysis of organic diseases. In the former we have not only the analysis to guide us, but also the symptoms which preceded the analysis. If psychoanalysis had begun by turning corporeal hysterical symptoms back to psychical, to remove these it could then proceed against them in the same manner as against conversion symptoms.

The organic complex would first have to be dissociated and each relationship with the psychical separately determined. In this way we learn how organic symptoms are produced. In both systems the predisposition is complicated and far reaching. As a rule the symptom or disease is firmly consolidated when the patient is seen, but at times the analyst stumbles on a new organic symptom when in the midst of an analysis. This is a common experience and happens sooner or later in most analyses. It may be that it is the very first organic symptom to present itself. Such a symptom may be regarded as a safety valve against the appearance of a suppression, and the body is to be comprehended in terms of mind.

In an analysis we tell the patient to say what comes into his mind. To go a step further, he could be asked to tell immediately of body sensations, and it is surprising to note the nature of some of these. This must

be illustrated. Thus an impotent man when fatigued at the close of the day had sensations like those of influenza and stretched and tensed his lower extremities. Before he had developed impotence this effort used to cause erections but now the association no longer existed.

Another patient, whose infantile fancies of reproduction had been strongly suppressed, became very susceptible to noises. He was compelled to leave an electric car because the voices of the passengers were so loud. He thereby had a fancy which plunged him back into infancy. When he began to hear as a young child about the true nature of coitus he used to stop his ears. This he had forgotten through suppression until his physical state of hyperacusis had revived it.

To visualize these somatic-psychic affiliations we may imagine that we have two voices for self-expression. One is the ordinary organ of speech while the other is like deaf-mute speech, expressed in various ways, by gestures, mimicry, etc. We know the relationship between the vaso-motor system and emotions. One may even imagine that there is no psychic reproduction that is without its somatic memories as well.

Let us now present the healthy subject. Every action, movement or effort of will proceeds only from accumulated experience and is accompanied in a compulsive manner with associated body activities. The latter proceed from the unconscious. In the healthy all unconscious ideas in which pleasure is associated give the feeling of health through their harmony; these sensations proceed from the functional activity of all of the organs and guarantee the organic permanence of life. The entire organism is a building formed of precipitates of psychic experiences which are mostly solidified so that their original significance is lost. The expression of psychogenic disease by organic symptoms may be looked on as a function.

Thus a previously healthy man developed intermittent limp, something by no means rare. The right leg only was affected. Why the right leg and why the leg at all? Why at just that particular moment? Analysis showed that the leg stood for the phallus, symbolizing marital impotence. The choice of the right side came from a fixation. The man was in a conflict with himself over a trying connection with some other woman and the lameness was an unconscious effort to keep him at home.

Expressions of life in general are intimately bound up with the development of the reproductive organs. The various orifices of the body have a common sexual significance. Libido is directed to different erogenous zones in connection with their development, functioning, etc. the latter being promoted or checked according to circumstances. That is, the libido can be withdrawn at some one zone and directed elsewhere. This sending out and withdrawal of libido can have a double influence, causing well organs to be ill and vice versa.

In the case of two brothers, one a fine specimen and the other a runt, the former was killed in the war whereupon the other began from that time on to grow and develop, as if to take the place of the deceased.

Thus far we may regard the body as a safety valve against unconscious

repressions; as a precipitate of psychic reminiscences; as something necessary to express genital tendencies, and finally, as an emporium for libido.

Excess of libido, over demand, can induce disease when the organ of least resistance will usually suffer; this, however, is only a makeshift, for the excess must be gotten rid of and this is done by discharges of fear which may cause acute disturbances in the organs surcharged with libido. Here belong crises of pylorospasm, gall bladder spasm, migraine, asthma, intestinal colic, dysmenorrhea. All of these may be signs that suppressions have rebounded from the unconscious and all are liable to occur in successive paroxysms. To keep organically well or recover health one must reduce his libido down to the demand for it or get rid of his fears. When a neurotic wishes that he had an organic disease he is expressing how he might free himself from his fears. All fear that cannot be discharged off causes disease. Every disease is a fear disease and a man stays sick because he cannot get rid of fear. To be healthy be free from fear.

Fear and sense of guilt are often associated. In every disease is a piece of tendency to punishment and at the same time of punishment itself. Surgical operations represent punishment in which the surgeon accomplishes the expiation and in such cases the patients wish for and take pleasure in the operation.

DREAM WORK AND THE WORK OF ORGANIC SYMPTOMS

G. GRODDECK

Nervous symptoms form a link between organic and psychic disease and in this province Freud has made discoveries which come under the head of psychoanalysis beginning with hysteria, which at the time was debatable ground between the organic and psychogenic. It is often stated that Freud does not care to have psychoanalysis concern itself with organic disease, but the author has not found it so, for Freud has shown the greatest interest in the author's efforts to prove that psychoanalysis is a method of universal applicability. Ferenczi even goes so far as to propose "bioanalysis" as a substitute for psychoanalysis because all life can be studied in a common manner. The present author protests against this amplification and would limit the study to the conscious and the unconscious psyche.

Freud has given the author credit for the conception of the "It." This is correct, although Groddeck does not attach the same significance to the word as does Freud. The It, whether Freud's or Groddeck's, cannot be analyzed any more than Ferenczi's Bios. The field for analysis is the suppressed, and as the author seems to regard the words unconscious and suppressed as synonymous it would appear that the unconscious is made up of suppressions.

But although the It cannot be analyzed, it can be influenced by analysis. Resistance may be so great that the patient is unconscious or the re-

sistance takes the form of an acute disease. In neither case is analysis of any value.

If the patient's wish fulfilment or resistance—for the author uses the terms as synonyms—is a fracture he cannot be analyzed, but if we apply splints the It will see to it that he recovers. But if this patient does not recover under the mechanical treatment, an analysis should be made and the resistance to healing overcome. Analysis is not to be limited to one group of diseases but to a phase or phases of almost any disease.

Organic occurrence or disease is an expression of the It, and its symptoms and course can be interpreted like a dream by the same technic of association. A dream is made of many elements like an organic disease. In a dream one thing stands for another without insight on the part of the dreamer. The same holds good for organic disease, for the symptom is not the disease. Dream content is both manifest and latent, so in organic disease there are symptoms or expressions of disease that we do not see.

The It uses symptoms as symbols and may either hide psychic complexes under manifest symptoms or form such symptoms directly out of psychic material. The author, as an example, traces the symbolism of the knee joint which includes the penis, coitus and pregnancy. Etymologically the root *genu* or *gonu* is the same for knee, and for generation, begetting, etc. Flexion and extension take place continually, with or without rhythm. Organic affections of the knee are notably resistant alike to surgical treatment and medicine.

The author refers to one of his works which deals almost exclusively with the doctrine that symptoms represent wish fulfilment.

A PSYCHOLOGICAL FACTOR IN THE ETIOLOGY OF DESCENT OF THE UTERUS, RUPTURED PERINEUM AND VAGINISMUS

JOHN RICKMAN

Occasionally in psychoanalysis the libido theory renders aid by leading off the actual condition from the love life of the patient. We read much of the genitalisation of other organs and of alterations thereby produced. We know less of changes in the genitals themselves, and the author's recent studies have shown that weakness of the pelvic floor and fascia of the uterus may indicate that the woman had either never reached the genital stage of development or had been unable to hold it. This loss of tone may be said to represent a degenitalisation.

A woman of 27 married six years had a repugnance to coitus and feared it might lead to something terrible for her husband and self. She was constipated and had not the strength to force out the excrement while there was no urge to go on the stool. Prolapse of the uterus followed and did not yield to mechanical measures. After a time she got over her hostility to coitus enough to bear a child which did not

live. She had a fancy that she had smothered it in utero and her fear of coitus returned.

Analysis showed unconscious fancies of the penis of the husband or her father as crushed or strangled and every activity of the pelvic floor conjured up this fancy whether coitus or defecation. This explained her repugnance to coitus and stool. She had refused to go ahead with the pessary treatment of prolapse as soon as she understood the theory of the treatment; back of this was an unconscious wish for her uterus to protrude based on penis envy.

The failure of the gynecologist to benefit her was due to the unconscious wish to punish herself by allowing her pains to persist. The vaginismus which was present was clearly a hysterical manifestation due to psychosexual incompatibility. During gestation she had neurotic manifestations. In regard to perineal rupture this accident should not occur in a normal labor but when women in their haste to complete labor begin to use all of their strength in bearing down there is great danger of tearing. There has been a relationship noted between abnormal resistance to delivery, ruptured perineum and vaginismus.

ORGANIC DISEASE AS A SYMBOLIC CASTRATION (MYOPIA AS AN ILLUSTRATION)

S. E. JELLIFFE

This paper was an abbreviated analysis of a so-called organic disease situation and constituted an addition to a series of analyses made since 1911 of other so-called organic disorders which have taken up thyreopathies, skin diseases (psoriasis), epilepsy, hypertension nephritis, cystic tumor of bone (osteitis fibrosa cystica), diabetes, etc. The present paper dealt with a special group of myopias which appear at or about puberty which remain more or less permanently adjusted, or may even be malignantly progressive. Three case histories were presented, two of which were merely observational sketches and the third type case was used as a paradigm. The main thesis was that the oedipus complex as it would be involved in the peeping mechanisms (mother-sister) met with such an affective hyperrepression on the part of the superego that the patient partially destroyed his eyesight through a myopic mechanism. The precise histological, sympathetic mechanisms are briefly hinted at. Thus far they are not accessible to complete understanding. But the sense of guilt is more or less successfully dealt with by the defense reaction of a withdrawal of the wider world of reality into an inner world of repressed phantasy by this compromise reaction of myopic castration. Here the author compared the intuitively arrived at Pauline command—"If thine right eye offend thee, pluck it out"—with the psychoanalytic foundations for such a self-punishment at the level of the id. The libido became encysted in the eye mechanism, but in a different manner than that usually seen in hypochondriacal organ libidinal investment. Jelliffe further drew the inference that such a mechanism could

legitimately be interpreted as a compromise formation with a much more serious utilization of the death impulse and thus might serve to save the individual from personal suicide or from social suicide such as the development of a schizophrenic-catatonic splitting.

One of the patients cited, in furtherance of this death impulse, developed a diabetes, facing the withdrawal of libido to narcissistic-homosexual levels, and the other, a malignant myopia, was progressing towards a paranoia, conditioned upon miscarried homosexual repressions.

PLAYING DOCTOR, SICKNESS AND MEDICAL PRACTICE

E. SIMMEL

Playing doctor is a favorite pastime with children who imitate the instruments of the professional man which are mostly phallic symbols and suggest the sadistic. It is a symbolic treatment of the conditions which underlie the Oedipus complex, the father being identified with the physician, and the mother with the patient. The child, although naturally afraid of the physician and his contacts, will take the greatest pleasure in imitating him. As only one child can present the doctor, the others are to be conceived as joint participants in the rite.

All play, according to Freud, comes from the compulsion to repetition and the satisfaction of impulses. The play function, dreams and neuroses, all represent symbolic wish fulfilment. In the two latter incest wishes are suppressed, while in play there is an attempt to master the complex. Complete suppression is reached with introjection and identification.

In a way the physician is a symbol of all that is forbidden to children. He is allowed to see everything, the nude, urine, feces, and there is no taboo on sexual matters. He inflicts pain as if with an aggressive, sadistic pleasure. The author in connection with doctor play notes that certain patients under treatment go through forms similar to this function of childhood. He gives an account of a patient under analysis who sought to analyze the analyst. It is of course common for patients who have been under treatment to play doctor among their friends and this is seen especially in analysis, when those who have been analyzed seek to try it on their friends, this also being a sort of defence against getting sick themselves. A case is given at length in which an adult patient played doctor. When a patient plays doctor the author speaks of it as transference doctor play.

The author here quotes Roheim on the medicine man of the primitive people who is a stage ahead of the dealer in black magic along the route of impulse transformation. With the latter the impulse is sadistic and unsublimated, while with the medicine man it is sublimated by identification with sacrifice. Roheim was writing of the primitive crime, the death of the founder. The black magician introjected and incorporated the parent substitute, changing it to an excrement symbol from which he

must free himself in expiation. This is symbolic of the material of disease and to recover one must be free from it. This symbol must be changed to another—semen, penis or child—this transition marking the change from the oral-anal-sadistic to the genital phase of development. This transformation the author could trace in the analysis of the woman who played doctor.

The author himself has also studied primitives and has reached a conclusion which concerns modern specialism that specialists are apt to suffer from diseases which they elect to treat. These practitioners he terms partial physicians, and psychoanalytically this partial practice is akin to perversion because they have to deal with the libido of special erogenous zones while the patient's own libido is concentrated in one organ. The latter becomes a sort of fetish. The specialist is unable to reach the entire patient and so far from a cure of the latter is apt to become ill himself. He has seen gastroenterologists with stomach disease, psychiatrists with psychoses and psychoanalysts with neuroses and depressive states. The affective state of the medical man plays a rôle in his practice and the author knows of an eminent therapist who in order to treat his patient successfully must actually and consciously hate him in place of feeling sympathy. Before opening the door of his consulting room mornings he curses and anathematizes the patients in the waiting room.

The modern relationship of the doctor and patient is an exchange of gold for health. Every physician repeats in himself psychic ontogenesis and phylogenesis as it affects his profession. The author isolates what he calls primitive doctor play, in which the patient is respectively father and enemy. A 12 year old boy had played surgeon with other boys when about 6 years old. He was under treatment for masturbation and sadistic fancies when he gave the facts. One boy played the patient and the others were doctors and assistants. One played the nurse who gave the anesthetic. The chief surgeon and nurse fell on the patient and beat him with sticks taking pains to strike near the penis. The entire staff then gathered around to eat the patient and every one had to get the largest share he could. Then there was a bonfire and cremation, and burial in a hole with a marker. The staff, now supposed to be drunk with the blood of the deceased, indulged in a wild dance; finally as if in expiation all indulged in a free fight, clubbing one another. The children unconsciously followed out the ritual of primitive man.

The boy on examination stated that at the time he really thought that surgeons hated people and therefore killed them. He had seen two operations and the ideas in the play of surgeon had been inspired mostly by what he had seen and felt. The idea of the surgeon was taken from his father, who was harsh and tyrannical. Commenting on sympathy, the author regards it as a mask for sense of guilt; thus to give an anesthetic merely because otherwise the patient will feel pain and to avoid sense of guilt is to run the risk of slaying the "watchman of life" and of fulfilling the death impulse.

THE PSYCHIC ACTIONS OF THE INTOXICATING POISONS

S. RADO

The author seeks to establish a psychoanalytic theory of the drug manias. Alcohol and certain alkaloids give to man aid and pleasure and the aid may be twofold, sedative and stimulant. These effects have not yet been studied analytically. Let us first take up the sedative, analgetic, hypnotic effects. According to Freud pain begins when a certain protective resistance gives way and the central apparatus is exposed to continuous excitation. The painful impressions are led off as motor actions. The biological significance of pain is to warn of danger but when a certain intensity is reached this function is shattered.

The natural defence having thus broken down, certain drugs can replace it. Like the natural defence, the artificial acts in the periphery and it makes use of the natural mechanism. Morphin still remains the best drug for this purpose. Levy, one of the few who have written psychoanalytically of analgesics, has observed in the use of morphin in severe organic disease that the sick persons projected the severe conditions from which they suffered into the people about them; that is, in the fancies produced by the drug. The author expects to show a close connection between projection and protection against irritation. Little or nothing is yet known of the hypnotic action of the drugs, for we know nothing analytically of insomnia.

In the domain of pure stimulants coffee and tea are to be thought of first. We only know that they stimulate intellectual processes. Aside from transforming tension of unpleasure to tension of pleasure we have no theory to offer, for we know nothing about these tensions.

The author now discusses the reciprocal relations of the ego functions, transformations of emotional tones and internal tensions. The sense of guilt he speaks of as conscience tension, and he also mentions libidinous impulse tension. Drugs affect the tensions as has already been suggested, and they also lower internal resistance.

One of the most distinctive actions is the production of euphoria in connection with stupefying and intoxicating effects. There is an optimum in the euphoria as seen especially under morphin and an erotic element is very obvious in these conditions. That it does not progress until it ends in orgasm is due to the fact that the entire organism is somehow involved in the most intense manner in which local erogenous zones are not concerned. Hence the author calls the effects orgasmic and speaks of a pharmacogenic orgasm. This action is not the same in all and the author specifies above that he is dealing only with the optimal effect.

The pharmacogenic orgasm is sought for by the individual who uses the drug—that is after he has first accidentally learned about it—and now has something which competes with the pleasures of love. Something is now added to the libido. If the sexual aim is formed the individual may be said to have fallen into the mania or addiction. For a time the drug fiend denies the wish for intoxication to himself and gives

false reasons for taking the drug. Meanwhile he is getting away from the principle of reality into the realm of blind obedience to impulse. But the wish for intoxication is absent when the action of the drug falls short of the "orgasm" and here moreover conscience disapproves so that no addiction results. While the entire soma and psyche become involved in the mania the economy of the libido is the center of activity.

Erotic satisfaction is obtained from drugs, and this means a powerful assault on the biological sexual organisation. A hypodermic of morphin shuts off the periphery from the center of the nervous system so that short circuiting follows in the latter—that is, the stimulation acts chiefly in the brain. To give this a name the author calls it meta-erotic. The term is necessary, for the organic chemist is bound sooner or later to find new drugs of the pleasure-inducing type and this form of gratification will play a prominent rôle in the future of the race.

Morphin cuts out all of the peripheral erotic zones and in this way undermines genital potency and real love objects. It soon robs the organism of any other source of pleasure than itself and thus may be regarded as masterful. At the same time it antagonizes the reality sense aside from the symptoms due to the drug itself. Naturally regression begins and the individual goes back to the earlier stages of sexuality. The Oedipus complex blooms again. Reveries and fancies appear in which wishes are prominent and thus hallucinations are engendered. Even the genital fancies are not left out wholly, possibly because of the phallus symbolism of the hypodermic syringe. In connection with regression the various erogenous zones are sometimes in evidence, especially the oral, for obvious reasons, as most drugs, alcohol, etc., are taken orally.

In time the drug ceases to produce the meta-erotic orgasmic state and we may speak of impotence in this connection which is akin to ordinary impotence. Withdrawal symptoms furnish a wide field for analytic study, but the author for want of space must forego this subject entirely. In the course of ordinary regression of sexuality perversions often develop, especially homosexuality, and these states have been studied especially for alcohol and cocain. In time there is seen a wreck of the psyche, a condition comparable with schizophrenia in its debut. The personality is gone and the ego has almost given way to the It with indifference to the external world and decomposition of the conscience. Nevertheless the author speaks of sense of guilt in some individuals and need of punishment.

In a formal scheme recapitulating the subject the author speaks of (A) the auxiliary use of drugs in cutting off pain at the periphery and in stimulating ego functions or otherwise disburdening the ego in the service of reality; (B) pleasure or subjecting the ego to the It with destruction of reality relations. The author admits that he has studied this subject for years without light until by chance he saw solutions; he is referring in particular here to the function of oral erotism. When savory food is eaten there is a sense of pleasure in the stomach but this may also extend to the entire soma so that we may speak of alimentary orgasm. This is doubtless common to the nursling, whose pleasure is doubtless

total in the body. The author identifies this with such general phenomena as digestion leucocytosis and digestion fever.

There is a connection between the sexual and alimentary in the unconscious, and while eating is comparable to conception, digestion suggests pregnancy, and defecation birth. This is seen over and over in analyses. The author next calls attention to the parallel between alimentary chemistry and drug taking and speaks of the alimentary orgasm as an endotoxic phenomenon. There are thus three known orgasms—and by this term he seems to mean a universal sense of pleasure diffused from a spreading local source—the sexual, alimentary and toxic.

IN PRESS

NEUROPSYCHIATRIC STUDIES

Edited by L. PIERCE CLARK

1. The Objective and Subjective Development of the Ego \$1.00
2. Studies in Cerebral Pathoneuroses:
 A Psychological Study of the Nature of the Idiot
 A Psychoanalytic Introduction to a Study of the Conduct Disorders of Lethargic Encephalitis 1.00
3. The Epileptic Psyche:
 The Epileptic Constitution and Alteration
 Epileptic Deterioration .75
4. A Critical Review of Irregular Types of Essential Epilepsy
 The Etiopathology of Myoclonus-Epilepsy
 A Study of Discharge Convulsions Simulating Epileptiform Seizures .75
5. A Psychobiologic Conception of Consciousness and its Disorders in Epileptics .50
6. Public and Private Provisions for the Epileptic
 A Critique of the Legal, Economic and Social Status of the Epileptic .50
7. The Surgical Treatment of Organic Epilepsy
 The Use of Sedatives, Tonics, Endocrines, etc., in the Reëducational Training Treatment of the Epileptic
 The Dietetic Treatment of Epileptics .50

**Orders should be ACCOMPANIED BY CHECK and sent to
THE PSYCHOANALYTIC INSTITUTE**

**Box 345
Stamford, Conn.**

CONTENTS

CLINICAL STUDIES:	PAGE
The Objective and Subjective Development of the Ego.....	1
A Psychological Study of the Nature of the Idiot.....	93
A Preliminary Study of the Conduct Disorders of Lethargic Encephalitis	138
DAS BUCH VOM ES. By Georg Groddeck.....	174
ABSTRACTS FROM ZEITSCHRIFT FÜR PSYCHO- ANALYSE, MAY 6TH, FREUD ANNIVERSARY NUMBER	
The Problem of Un-pleasure-Affirmation. By S. Ferenczi..	190
The Origin and Structure of the Super-Ego. By Ernest Jones	192
Certain Variations of the Ego Sense. By Paul Federn....	194
The Super-Ego. By Charles Odier.....	196
Conception of the Ego. By James Glover.....	198
Projection. By G. Jelgersma.....	199
Schizophrenic and Creative Thought. By R. Wälder.....	201
Identification. By O. Fenichel.....	202
Certain Problems of Psychoanalytic Characterology. By E. Glover	205
Neurosis and Total Personality. By F. Alexander.....	206
Sense of Guilt and Want of Punishment. By H. Nunberg..	209
The Flight from Femaleness. By K. Horney.....	210
On the Genesis of the Feminine Super-Ego. By C. Müller- Braunschweig	212
Infantile Restlessness: The Fate of the Impulsive Move- ments Controlled by the Primitive Ganglia. By K. Landauer	213

	PAGE
Masculine Latency and Its Specific Affection. By W. Hoffer	216
Psychology of Study and Examinations. By E. Blum.....	217
A Contribution to the Understanding of Sadomasochism. By I. Sadger	218
On the Sources of Neurotic Fear. By W. Reich.....	220
The Oral-erotic Components of Stammering. By Isador H. Coriat	222
Resistance of the Ego Ideal and Adaptation to Reality. By M. W. Wulff.....	222
Mobilisation of the Guilt Sense: A Contribution to the Subject of Active Therapy. By R. H. Jokl.....	224
Scotomisation in Schizophrenia. By R. Laforgue.....	225
The Phantasy Method of Analyzing Narcistic Neuroses. By L. Pierce Clark.....	226
The Poisoning Delusion in the Light of Introjection and Projection Processes. By E. Weiss.....	226
Attempt at an Analysis of Delirium Tremens. By A. Kielholz	228
The Healthy and Sick Body from the Standpoint of Psycho- analysis. By F. Deutsch.....	229
Dream Work and the Work of Organic Symptoms. By G. Groddeck	231
A Psychological Factor in the Etiology of Descent of the Uterus, Ruptured Perineum and Vaginismus. By John Rickman	232
Organic Disease as a Symbolic Castration: Myopia as an Illustration. By S. E. Jelliffe.....	233
Playing Doctor, Sickness and Medical Practice. By E. Simmel	234
The Psychic Actions of the Intoxicating Poisons. By S. Rado	236